



## Birth Plan/Birth Preferences

Every birth plan is unique and at St. Pete General Hospital Family Beginnings we want yours to be as comfortable and memorable as possible. Please use this checklist to guide your discussion with your Physician. Note your preferences and give copies to your caregivers when you arrive at the hospital. As sometimes things can change, please know that this will serve as a guide for you, your physician and our staff.

Name: \_\_\_\_\_ Physician/Midwife: \_\_\_\_\_

Attendant(s) for the delivery: \_\_\_\_\_

### Labor Preparation/Preferences:

#### Pre-labor

Please note:

- I have group B Strep
- I am Rh incompatible with baby
- I am positive for herpes
- I have gestational diabetes
- Other: \_\_\_\_\_
- None of above

#### During Labor

- I'd like to wear my own clothing as long as possible
- I'd like to move around freely to include:
  - o Standing up
  - o Walking around
  - o Lying down
  - o In the shower
- I'd like to use intermittent or wireless fetal monitoring
- If I need an I.V., I prefer a saline or heparin lock
- I'd like to use labor props such as Peanut ball, shower
- I'd like as few interruptions as possible
- I'd like as few vaginal exams as possible
- I'd like to discuss options to augment my labor with my doctor during my office visit
- I'd like hospital staff limited to my own doctor and nurses  
(no students, residents, or interns present)
- I'd like to wear my contact lens the entire time
- I'd like to stay hydrated with clear liquids and ice chips

#### Environment

- I'd like music played (I will provide)
- I'd like the lights dimmed
- I'd like the room as quiet as possible
- I'd like blankets and/or photos from home
- I'd like aromatherapy scents that I will provide

### **Pain Relief/Medication**

- I'd like to use breathing techniques
- I'd like to use distraction techniques
- Please do not offer me any pain medications, I'll request if I need it
- I'll decide whether to use pain medication as my labor progresses
- I'd like to be offered an epidural or other pain medication as soon as possible

### **Preparing for delivery**

- I'd like to be allowed to push when and how I feel I should
- I'd like for the hospital staff to help me with pushing techniques. I'd like to be coached on when to push and for how long
- I'd like to let the epidural wear off while pushing
- I'd like to use whatever methods my doctor deems necessary
- I'd like to choose the position I deliver in
  - Squatting
  - Semi-reclined
  - Lie on my side
  - Stand
  - Lean on my partner
  - Use people for leg support
  - Use foot pedals for leg support
- I'd like to view my baby's birth using a mirror
- I'd like to touch my baby's head as it crowns
- I'd like to help catch the baby
- I'd like to let my partner catch the baby

### **Episiotomy**

- I'd like to use only after perineal massage, warm compresses and positioning
- I'd use rather than risk a tear
- I'd like not performed, even if it means risking a tear
- I'd like performed only as a last resort
- I'd like performed as my doctor deems necessary

### **Immediately After Delivery**

- I'd like my partner to cut the umbilical cord
- I'd like a 30 second delay in cutting the umbilical cord
- I'd like to bank the cord blood (arrangements must be made prior to admission)
- I'd like to donate the cord blood (arrangements must be made prior to admission)
- I'd like to deliver the placenta spontaneously and without assistance
- I'd like to see the placenta before discarding
- I'd like to not be given Pitocin/oxytocin

### **If a C-section is necessary**

- I'd like to make sure all other options have been exhausted
- I'd like to stay conscious
- I'd like my partner to stay with me for the delivery
- I'd like to have the sheer screen so I can view the birth
- I'd like to have my hands left free so I can touch the baby
- I'd like an epidural (spinal) for anesthesia
- I'd like my partner to hold the baby as soon as possible
- I'd like to breastfeed in the recovery room