

It's your birth.
The tiniest details matter.

EMORY
DECATUR
HOSPITAL

Birth Plan for (mother's name): _____

Due Date: _____ Mother's Date of Birth: _____

OB / Midwife: _____

Labor Support Team / Partners in Care

Partner: _____ Family: _____

Doula: _____ Other: _____

Contact Information PLEASE PRINT CLEARLY

Phone: _____ Email: _____

We have given careful thought to our preferences during labor, birth and after delivery as outlined below. I would like them to be followed as closely as possible whenever able. I understand that a circumstance might come up where either I may change my mind or my doctor/midwife feels that it is in the best interest of my health or my baby's safety to deviate from my birth plan. I will be flexible; however, I ask to be kept informed ahead of time in every aspect of my labor.

I would prefer to:

- | | | |
|--------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Play music (I will provide) | <input type="checkbox"/> Dim the lighting | <input type="checkbox"/> Wear my own clothes |
| <input type="checkbox"/> Be able to walk / move freely | <input type="checkbox"/> Keep the room quiet | <input type="checkbox"/> Wear my contact lenses |
| <input type="checkbox"/> Drink clear fluids | <input type="checkbox"/> Avoid any IV* | <input type="checkbox"/> Eat lightly if I wish with my doctor's approval |
| <input type="checkbox"/> INT / IV access is OK | | |
| <input type="checkbox"/> Other _____ | | |

** There are times for your safety and your baby's safety, your provider may determine an IV necessary. It is also necessary for providing medications for pain or pitocin.*

For pain relief I would prefer to use:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Massage | <input type="checkbox"/> Hot / Cold Compresses |
| <input type="checkbox"/> Birthing Ball | <input type="checkbox"/> Shower / Tub | <input type="checkbox"/> Squatting Bar |
| <input type="checkbox"/> Distraction | <input type="checkbox"/> IV pain medication | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Nitrous Oxide | | |
| <input type="checkbox"/> My nurse, doctor or midwife's suggestions for pain relief as needed, including medication / epidural | | |
| <input type="checkbox"/> Please do not offer me pain medication/anesthesia. I will request if needed. | | |
| <input type="checkbox"/> Other _____ | | |

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For Fetal Monitoring I would prefer:

- Monitoring as my healthcare provider recommends
- Intermittent
- Continuous
- Wireless monitoring, if available
- Other _____

To start my labor, I would prefer:

- To allow it to progress free of time limits and have labor augmented only if necessary.

If my healthcare provider determines labor needs to be induced or augmented, I would prefer:

- Natural methods first
(walking, nipple stimulation or _____)
- Foley bulb induction
- Membrane stripping and/or Membrane Rupture
- Pitocin (Requires IV and fetal monitoring)

During Pushing & Delivery, I would prefer:

- Push in whatever position feels comfortable
- Push instinctively as my body tells me / feels right at the time
- Be allowed to progress free of time limits as long as my baby and I are doing fine
- My provider discuss assisted delivery with me prior to using any method.
- Other _____
- To allow any epidural to wear off, in order to feel pressure of the baby while pushing
- Be coached on when to push

As the baby arrives, I would prefer to:

- Avoid episiotomy* by using perineal massage, warm compresses and positioning
- * Surgical cut at the opening of the vagina during childbirth to expand the opening
- Tear naturally rather than have an episiotomy
- Use a mirror to see my baby being born
- Wait until the umbilical cord stops pulsating (about 3-5 minutes post birth) before the cord is clamped and cut
- Keep the cord and placenta attached to the baby (Lotus birth)
- Have my partner cut the umbilical cord
- Other _____

After the baby is born:

As long as baby and mother are doing well, your baby will be patted dry and placed in skin-to-skin contact with mother right after birth and remain in skin-to-skin contact for a least one hour. Breastfeeding babies remain skin-to-skin until after the baby has breastfed. Routine newborn procedures are done after skin-to-skin is completed.

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Baby's first bath will be given after six hours.

I would prefer:

- My partner or myself to rub the vernix onto the baby's skin.
- It be given by me or my partner
- It be a water-only, sponge bath to remove blood and amniotic fluid

*The vernix is the creamy, white biofilm that surrounds a newborn's body during birth.

Delayed bathing allows the vernix to aid with baby's temperature regulation, provides antioxidants to the skin, and has antibacterial properties.*

In the event a cesarean birth is needed, I would prefer:

- My partner to be present
- Screen lowered to see baby being delivered
- My hands to be free so I can touch the baby
- Baby to go skin-to-skin in operating room (if possible) or no later than the recovery room
- My partner be allowed to hold the baby, if skin-to-skin is not possible in the operating room

My wish for my placenta is that:

- The hospital dispose of the placenta
- I am planning to take my placenta home (I will bring a plastic, sealable container and I understand someone needs to be available to take it home when I leave labor and delivery)
- It remain attached to my baby until the umbilical cord dries and falls off (Lotus birth)
- I understand there are rare occasions where my placenta may need to go to pathology for testing. I ask that my provider discuss with me if that should be necessary.

Blood Transfusion:

In the event of a potentially *life threatening emergency*:

- Yes, I accept blood transfusion
- No I refuse blood transfusion for religious / non-religious reasons (circle one)

Note: In a non life-threatening emergency, your provider will discuss transfusion with you in advance.

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Newborn Procedures:

- Give the baby oral sucrose drops for pain management prior to any painful procedures
- If I have a boy, I do / do not want him circumcised in the hospital
Note: Some providers do not perform circumcision in the hospital, discuss with your provider.
- I would prefer to nurse the baby during painful procedures. I understand certain procedures may prevent this from happening (i.e. circumcision and venipuncture)
- Other preferences regarding baby _____

Infant Feeding Plan:

In the hospital, my infant feeding preference is to be:

- Breastfed exclusively
- Bottle feed exclusively
- Combine breast and bottle
- I'm not sure about breastfeeding, I would like to talk to someone about it

Mother Baby

At Emory Decatur Hospital, mother and baby remain together throughout the hospital stay. A support person is welcome and encouraged to stay overnight. All newborn procedures are done in the mother's room (except circumcision – parents may come with their newborn and sit outside the procedure room)

Other Requests:

Signatures

Mother

OB Healthcare Provider

We MUST have your provider's signature in order for your plan to be entered into our database.

After completing your birth plan, please email or fax to EDH.birth.plan@emoryhealthcare.org

Fax: 404.501.4031 Phone: 404.501.3050

You will be contacted within a few days to talk about your birth plans.