**Spectrum Health Gerber Memorial Birth Plan**

We welcome you to the Gerber Memorial Health Services Family Birth Center. To help us understand your wishes during labor and delivery, we ask that you answer the following questions. While the safety and well-being of you and your baby are the top priority, we will strive to meet as many of your expectations as possible. We look forward to sharing your upcoming birth with you.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OB provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support person’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date\_\_\_\_\_\_\_\_ Expecting: boy girl unknown

Doula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baby’s doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baby’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you attend childbirth or refresher classes? Yes No

Family and friends I would like present during labor and delivery: (maximum of 4)

*You may choose as many as you like under each category*

**During labor I’d like:**

* Stay home as long as possible
* Lights dimmed
* Flameless candles
* Music, will bring my own
* Music, will use hospital relaxation collection
* Wear my own clothes
* Wear hospital gown
* Room as quiet as possible
* Standing, walking, position changes
* Birth ball
* Lying down, mobility not important since I am planning on epidural
* Prefer bag of waters to break naturally
* Pictures taken by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* To be informed of all procedures and discuss options when time allows
* If labor is not progressing, discuss most natural methods to help

**Monitoring:**

* I prefer minimal monitoring that allows me to be mobile (intermittent)
* Continuous monitoring

**Hydration:**

* IV on admission in preparation for pain medication, epidural, &/or antibiotics if Group B Strep is positive
* IV site with saline loc on admission
* IV only if medically necessary

**Pain relief:**

* Aromatherapy- we offer lavender/clary sage mixed
* Massage
* Hypnosis techniques
* Breathing techniques
* Relaxation techniques
* Hot or cold packs
* Distraction
* TENS unit
* Medication injection if no IV
* IV medication
* Only medication if I request
* Would prefer no medications, I will ask, don’t ask me
* Would like to avoid epidural
* Epidural only if IV med isn’t effective
* Epidural
* Sterile water papules (midwife only)
* Acupressure
* Water therapy using whirlpool or shower

**During pushing I would like to:**

* Semi-recline in bed
* Squatting bar on bed
* Birth stool
* Side lying
* Hands and knees
* Deliver in any position I choose
* Wait to push until I feel the urge
* Push without a time limit as long as mom and baby are safe

**At the time of birth I would like:**

* A mirror to watch delivery
* Touch the baby’s head
* Reach down and take the baby
* Use of oil &/or hot compresses for comfort and to help avoid tearing
* Let partner help catch the baby
* Immediate skin to skin holding of baby
* Do not want skin to skin

**Umbilical Cord:**

* Cut the cord after it stops pulsating and the baby had received all the blood from the placenta
* Cut the cord as soon as possible for cord blood donation. I will bring the kit
* Dad will cut the cord
* Dad does not want to cut the cord, do not ask him
* I will cut the cord myself
* \_\_\_\_\_\_\_\_\_\_\_ will cut the cord

**Immediately after birth:**

* I will breastfeed as soon as the baby desires
* Delay routine hospital procedures until after the baby has breastfed
* I would like to see the placenta
* Do not show me the placenta
* I would like to take the placenta home

**Newborn preferences:**

* Routine medications and immunizations for my baby:

Eye Antibiotic □

Vitamin K □

Hepatitis B □

* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 24 hr rooming in is our practice. If your preference is different, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Breastfeeding
* Bottle feeding
* If a boy, I want him circumcised
* I do not want my baby boy circumcised

**If a Cesarean becomes necessary- During Delivery:**

* I would like music softly playing. My favorite type is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_see attached form
* I plan to take pictures in the operating room
* I plan to wait on pictures until I am in my room after the surgery
* I would like to have the surgery explained as it is happening
* Please do not talk about the surgery, I would rather think about other things
* I would like the surgical drape lowered so I can see the baby
* I do not want the surgical drape lowered
* I would like delayed cord clamping
* I would like the cord left long so dad can cut the cord
* Other thoughts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After the Delivery:**

**I would like the baby brought to me**:

* Immediately for skin to skin contact
* After being cleaned up and wrapped in a blanket

**I prefer routine baby procedures:**

* Delayed until after the surgery so I can have my baby immediately
* To be completed before the baby is brought to me
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the baby needs medical attention and cannot be with us immediately:**

* I would like dad/support person to go to the nursery if the baby has to leave the room
* Dad/support person will stay with me. Please update us with the baby’s condition

**Family and Friends:**

* May come in immediately after my recovery period, approximately 1 hr.
* May come in after some extended time alone with the baby

**Preferences for Pain Management:**

* I am interested in the option of an abdominal nerve block (TAP block)
* Please give me whatever my anesthesia provider or doctor feels is necessary
* I am sensitive to medications and desire the least amount possible

Medications that have worked well for me in the past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications that have caused problems for me in the past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_