

Aurora Lakeland Medical Center- Women's Health Department

Welcome! We are so glad you have chosen to bring your baby into the world at Aurora Lakeland Medical Center! We look forward to helping you deliver your baby in your chosen manner and assist you in any way possible to learn to care for your new bundle of joy! Our experienced labor and delivery nurses will assist you and your partner or family to labor as you choose, whether that be a natural birth, pain medicine or an epidural, or a cesarean delivery. Your birth plan is important to us and we will have open discussion about your expectations as well as alterations in the plan, should they arise.

We hope you are proud to have chosen the first and longest running Baby Friendly Facility in Wisconsin. This is something we continuously work hard to maintain. Your expectations entering a Baby Friendly facility can include immediate and uninterrupted skin-to-skin contact with your newborn, encouraged rooming-in with your newborn, and 24 hour breastfeeding support with a daily visit from a certified lactation consultant, as well as breastfeeding support after discharge.

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Birth Plan

I _____ am creating this birth plan prior to my labor in order to make my wishes clear to my doctor/midwife and the nurses at Aurora Lakeland Medical Center. These are the items I deem important in the birth of my unborn baby. I understand that circumstances might come up where either I may change my mind or my doctor/midwife/nurse feels that it is in my best interest to deviate from my birth plan. I will be flexible, however I ask to be kept informed ahead of time of every aspect of my labor.

My date of Birth: _____ My Partner: _____

My Doctor/Midwife: _____ My Due Date: _____

Family, Friends, Doula: _____

Please note that I am: ___ GBS positive ___ Rh negative
 ___ Gestational Diabetic

I am planning a ___ Vaginal birth ___ C-section ___ VBAC

Before Labor Begins:

___ I would like to go into labor naturally and possibly go past my due date.

___ As long as the baby & I are healthy, I would like to go at least 10-14 days over my due date before inducing labor.

___ I would like to discuss the option of induction after 39 weeks.

___ Please obtain my permission before stripping my membranes during a vaginal exam.

___ If I arrive at the hospital or after attempting induction and am less than 4 cm dilated, I would like to discuss the option of going home.

Inductions:

Cytotec Foley Balloon Pitocin Rupturing Membranes

During Labor:

Upon arrival at the hospital, I prefer to have only _____

in the room with me. I understand that other visitors, if not in the room with me, will be asked to wait in the waiting room.

Upon arrival at the hospital, I prefer to have no visitors.

Please do not allow _____
to visit, call, or receive any information.

Please no students attending my labor or birth.

Environment:

Birthing Room Tub Room Birthing Ball

Shower Squat Bar Dimmed lights/natural light

Music Quiet Environment Few Interruptions

Wear a hospital gown Wear my own clothes

I'd like my labor/birth to be photographed/filmed by my photographer or labor support person

Stay hydrated with clear liquids Eat & drink as approved by my doctor

Fetal Monitoring:

I would like: Continuous monitoring Intermittent monitoring

To be able to move freely with Doppler & intermittent monitoring

Pain Relief:

- Please only offer pain medication if I ask for it.
- Please discuss pain medication options.
- I would like IV pain medication. (Stadol or Nubain)
- I would like an epidural.
- I am going to attempt to have a natural birth; please do not mention/suggest pain medication.

I'd like to try these alternative pain relief options:

- Walking Frequent position changes
- Distraction Massage Deep/guided relaxation
- Water/bath/shower Aromatherapy Breathing techniques
- Birthing ball

Delivery:

During delivery I would like to:

- Classic semi-recline Be on hands & knees Be side lying Squat
- Lean on my partner Do whatever feels right at the time

During pushing I would like to:

- Be directed in how to push Push spontaneously when I feel the urge
- Use perineal massage to avoid tearing
- Be encouraged to breathe properly for slower crowning to avoid tearing
- Have no episiotomy & risk tearing
- Have an episiotomy rather than tear

Use whatever method my doctor deems necessary

Touch the head as it crowns

Immediately after Delivery:

Please place my baby immediately skin to skin

I prefer to let the cord stop pulsating before cutting

My partner will cut the umbilical cord

I'd like to see my placenta

Please discard my placenta We will be taking our placenta home

I would like Pitocin after placenta delivery to decrease bleeding

I would like to delay Pitocin after delivery barring signs of hemorrhage

If a C-section is Necessary:

Ensure all other options have been exhausted.

If it is not an emergency, please give my partner and I time to discuss and give consent.

I would like to be conscious during the procedure

Please discuss the procedure with us to reassure my partner and me.

Please lift my baby so I can see her/him as soon as possible.

I'd like the drape to be lowered if possible so I can watch the baby come out.

I would like to hold my baby as soon as possible.

I would like my baby to be placed skin to skin as soon as possible.

I would like to breastfeed my baby as soon as possible.

I would like to stand at the bedside as soon as I am able.

I would like to have my IV and catheter removed as soon as possible.

Please discuss with me what to expect after the procedure as well as post-operative pain medication options.

My Baby:

Our Pediatrician/ Family Practice Dr is: _____

I plan to exclusively breastfeed I plan to formula feed

I plan to both breast and formula feed

I would like to see a lactation consultant for recommendations & assistance

Please postpone routine newborn procedures until after at least 60 minutes of skin to skin and/or first successful breastfeeding has been achieved.

Please bathe my baby after 24 hours of bonding & successful breastfeeding

We will give our baby his/her first bath Please do not bathe my baby

If our baby is a boy: Circumcision No circumcision

Medications our baby will receive: Erythromycin eye ointment

Vitamin K Hepatitis B vaccine

Our baby will not be receiving any medication unless medically necessary & we have discussed it with our providers.

I acknowledge that the following procedures will be done before discharge:

- Hearing test
- Jaundice check
- Pulse ox check for cardiac anomalies
- Newborn screen

I would like all routine newborn procedures to be performed in my or my partner's presence.

We acknowledge that we have chosen a Baby Friendly Facility to care for our family, where exclusive breastfeeding is encouraged; however, if we choose, we would like our baby comforted during a procedure by:

Pacifiers (must be provided by parents) Gloved finger

If my baby is transported to a NICU, I prefer to:

Be discharged to accompany my baby Have my partner accompany my baby

Breastfeed prior to transfer if possible or express breast milk for my baby

Visitors:

I would like my family & friends to be in the room for the birth

I would like my family & friends to join me immediately after the birth

I would like my family & friends to join me later only when I invite them

I prefer unlimited visiting hours

I would like to have a quiet time to allow myself & the baby to rest without Interruptions

Post-Partum Care

I would like to be checked on hourly by hospital staff

I would like to only be checked on if I call for something

I would like to be intermittently checked on by staff

Hospital Discharge:

I plan to leave at 24 hours after birth barring any complications

I plan to stay 2 nights after a vaginal birth and 3-4 nights after a C-section

Additional Comments:

My partner, family, friends, and I have discussed my birth plan with my provider. We know that this is a guideline that can and may need to be changed at any time. We are open to discussion as needed. Our ultimate outcome is a healthy baby and a healthy mom!

This birth plan has been discussed & reviewed with by OB provider:

_____ OB Provider Signature