



Southern Maryland Women's Healthcare, P.A.

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Birth Plan of _____

Labor Companions: _____

Due Date: _____

Pediatrician: _____

Fill out this plan according to your own wishes. Keep in mind that you might not be able to follow every wish on this page depending on if complications arise during your labor. Share your plan with your support team, practitioner, and labor nurse.

Labor

- Dim Lighting
- Play Music
- Quiet
- Wear my own clothing
- Aromatherapy Scents

Mobility

- I prefer to maintain mobility, including walking and changing positions.
- I prefer to be able to move around in bed only and get up to use the bathroom.
- Mobility is not important to me, and I understand that if I get an epidural I may be confined to bed and need a urinary catheter to go to the bathroom.

Hydration and Nourishment

- I would like to eat light snacks and drink clear fluids whenever possible during labor.
- I am ok with having IV access, a saline lock, during labor.
- I decline a saline lock and understand the risks of delayed treatment.
- It would not bother me to have IV fluids for hydration if necessary.

Monitoring

- I prefer intermittent monitoring.
- I would like as much monitoring as possible.
- I prefer a method that allows me to remain mobile.
- Fetal monitoring in bed is fine with me.

Pain Relief

Non Medical Options

- Relaxation
- Changing positions/walking
- Visualization
- Massage
- Fitness Ball
- Breathing
- Tub/shower
- Hot and cold packs

Medical Options

- Stadol
- Epidural anesthesia
- I prefer that pain medication only be offered to me at my request.

Augmentation- Methods to Speed Up Labor

If my labor slows down, I would:

- First like to try nonmedical methods (i.e. walking and using upright labor positions).
- Prefer that my practitioner breaks my bag of water.
- Prefer that my bag of waters breaks on its own.
- Not mind having an IV of Pitocin and understand the benefits and risks involved.
- Prefer to receive an IV of Pitocin only after all other methods are tried, and only if medically necessary.

Pushing

- I prefer to wait to push until I feel the urge or until my baby descends.
- I would like to use a variety of positions during pushing.
- I would like a mirror placed at the foot of the bed so I can watch my baby's birth.
- I would like to be directed as to when to push.
- I prefer any natural tearing over an episiotomy.

- I would like to avoid forceps and /or vacuum extraction unless absolutely necessary.
- I would like to touch my baby's head as it crowns.
- I would like my healthcare provider to hand me the baby immediately if there aren't any complications.

Birth and Baby Care

- I would like to hold my baby skin to skin immediately after birth.
- I would like to breastfeed as soon as possible.
- I would like _____ to cut the umbilical cord.
- I would like to wait to have the cord cut until the baby receives all the blood from the placenta.
- I prefer to have the cord cut immediately.
- I would prefer that routine hospital procedures be done while I hold my baby if possible.
- I would like the following test/shots/procedures:
 - Vitamin K
 - Erythromycin eye ointment
 - Hepatitis B Vaccine
- I would like the Vitamin K and eye ointment to be delayed until after the first Breastfeed
- I prefer to choose the tests that are done and discuss it with my baby's pediatrician ahead of time.
- I am breastfeeding exclusively.
- I don't want my baby to be given formula.
- I don't want my baby to be given pacifiers.
- I don't want my baby to be given bottles.
- I plan to formula feed only.
- I prefer a combination of breastfeeding and formula feeding.
- I want to room in with my baby.
- If I have a boy, I prefer to have him circumcised.
- I do not want my baby boy to be circumcised.

In Case of a Cesarean

- I would like _____ to accompany me during surgery.
- I would like to have video or photos taken.
- I would like my support person to cut the cord.
- I would like to have at least one arm released so I can hold my baby right away.
- I would like to breastfeed as soon as possible in the recovery room.
- I would prefer not to be separated from my baby.
- I would like to do skin to skin as soon as possible with my baby.
- My support person will do skin to skin.