

## CHAPTER 8: PLANNING FOR BIRTH AND POST PARTUM

# Work Sheet for Preparing Your Birth Plan

You might find this work sheet helpful as you prepare your birth plan. Place a plus sign (+) by the items that you clearly want, and a minus sign (-) by items you want to avoid unless medically necessary. Put a question mark by items you are unsure about, and plan to learn more about those options.

Once you have completed this work sheet, write a short description of the roles you envision for yourself, your partner, your doula or other helpers, and your caregivers (the approach you prefer). Then prepare a draft of your birth plan that consolidates and generalizes your preferences for discussion with your caregiver.

Options for Normal Labor and Birth	
<b>First Stage</b>	
<i>Presence of partner/others</i> <input type="checkbox"/> Partner <input type="checkbox"/> Doula (page 20) <input type="checkbox"/> Friends or relatives <input type="checkbox"/> Children (page 438)	<i>Positions for labor (pages 238–240)</i> <input type="checkbox"/> Freedom to change positions, stand, and/or walk around <input type="checkbox"/> Postural aids (birth ball, bathtub, beanbag chair, or other)
<i>Vaginal exams (page 181)</i> <input type="checkbox"/> At mother's request or if needed for clinical decision <input type="checkbox"/> As few different examiners as possible <input type="checkbox"/> At caregiver's discretion	<i>Monitoring fetal heart rate (pages 182–183)</i> <input type="checkbox"/> Auscultation with stethoscope or ultrasound stethoscope <input type="checkbox"/> Intermittent external electronic fetal monitoring (EFM) <input type="checkbox"/> Continuous EFM with telemetry <input type="checkbox"/> Continuous electronic monitoring (internal or external)
<i>Food/fluids (pages 228–229)</i> <input type="checkbox"/> Eat and drink as desired <input type="checkbox"/> Water, juice, Popsicles, ice chips <input type="checkbox"/> Saline (or Heparin) lock <input type="checkbox"/> Intravenous (IV) fluids	<i>Pain relief (chapters 12 and 13)</i> <input type="checkbox"/> Emotional support and self-help measures <input type="checkbox"/> Relaxation, breathing, positions, comfort measures <input type="checkbox"/> Bathtub, whirlpool, or shower <input type="checkbox"/> Medications (narcotics) and/or anesthesia (epidural or other)
<b>Second Stage (pushing and birth of baby)</b>	
<i>Position for pushing and for birth (pages 190 and 240)</i> <input type="checkbox"/> Mother's choice of positions <input type="checkbox"/> Gravity-enhancing positions <input type="checkbox"/> Caregiver's choice of positions	<i>Care of perineum at birth (pages 193 and 292)</i> <input type="checkbox"/> Warm compresses, controlled pushing, positions <input type="checkbox"/> No episiotomy (willing to risk having a tear) <input type="checkbox"/> Decision left to caregiver <input type="checkbox"/> Episiotomy <input type="checkbox"/> Forceps or vacuum extraction
<i>Expulsion techniques (pages 189–190)</i> <input type="checkbox"/> Spontaneous bearing down <input type="checkbox"/> Delayed pushing (if epidural used) <input type="checkbox"/> Directed pushing <input type="checkbox"/> Prolonged breath holding and straining	<i>Bed/equipment for pushing and for birth</i> <input type="checkbox"/> Birth stool, squat bar, bathtub, floor <input type="checkbox"/> Birthing bed <input type="checkbox"/> Delivery table with or without stirrups
<b>Third Stage and First Hours after Birth</b>	
<i>Immediate care of baby (pages 195–198)</i> <input type="checkbox"/> Delay clamping and cutting the cord <input type="checkbox"/> Partner cuts cord <input type="checkbox"/> In parent's arms for observation and exam <input type="checkbox"/> Near parents in bassinet or isolette <input type="checkbox"/> In nursery for observation, weighing, and first bath	<i>Warmth of baby (page 195)</i> <input type="checkbox"/> Baby skin-to-skin with mother <input type="checkbox"/> Wrapped in warm blanket, held by parent <input type="checkbox"/> In heated bassinet in mother's room <input type="checkbox"/> In special heated unit in nursery
<i>Clearing baby's airway (page 195)</i> <input type="checkbox"/> Suction only if necessary <input type="checkbox"/> Suction with bulb syringe almost immediately	<i>Cord blood collection (page 198)</i> <input type="checkbox"/> Not planned <input type="checkbox"/> Public cord blood bank donation <input type="checkbox"/> Private or family cord blood collection and storage
<b>Third stage and first hours after birth</b>	
<i>Eye care and vitamin K (pages 363–364)</i> <input type="checkbox"/> At end of first hour after birth <input type="checkbox"/> Use of nonirritating antibiotic agent (for eye care)	

<b>Options for Unexpected Labor Events</b>	
<b>General</b>	
<p><i>Induction (pages 277–283)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid induction unless medically necessary</li> <li><input type="checkbox"/> At mother's or caregiver's convenience</li> <li><input type="checkbox"/> Self-induction methods</li> <li><input type="checkbox"/> Stripping membranes</li> <li><input type="checkbox"/> Cervical dilators</li> <li><input type="checkbox"/> Artificial rupture of membranes</li> <li><input type="checkbox"/> Cervical ripening agents (prostaglandins)</li> <li><input type="checkbox"/> Induction agents (Pitocin, oxytocin)</li> </ul>	<p><i>Maternal exhaustion (pages 175–176, 284–287)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rest, relaxation skills</li> <li><input type="checkbox"/> Bathtub, dim lights, privacy</li> <li><input type="checkbox"/> Narcotics or sedatives for sleep</li> <li><input type="checkbox"/> Epidural anesthesia</li> </ul>
<p><i>Prolonged active labor (pages 284–287)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Walk, change positions, take a bath</li> <li><input type="checkbox"/> Nipple stimulation</li> <li><input type="checkbox"/> Artificial rupture of membranes</li> <li><input type="checkbox"/> Medication (Pitocin, oxytocin)</li> </ul>	<p><i>Prolonged second stage (pages 290–292)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rest from pushing</li> <li><input type="checkbox"/> Change positions</li> <li><input type="checkbox"/> Directed pushing</li> <li><input type="checkbox"/> Pitocin</li> <li><input type="checkbox"/> Vacuum extraction, forceps, and/or episiotomy</li> </ul>
<p><i>Suspected fetal distress (pages 288–289 and 305)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother changes position, uses oxygen</li> <li><input type="checkbox"/> Fetal scalp stimulation to evaluate fetal well-being</li> <li><input type="checkbox"/> Amnioinfusion</li> <li><input type="checkbox"/> Continuous electronic fetal monitoring, internal scalp electrode</li> <li><input type="checkbox"/> Cesarean delivery</li> </ul>	<p><i>Prolonged third stage (pages 293)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Placental separation encouraged by breast stimulation</li> <li><input type="checkbox"/> Baby suckling on the breast</li> <li><input type="checkbox"/> Upright position</li> <li><input type="checkbox"/> Hastened with fundal massage</li> <li><input type="checkbox"/> Hastened with medication or manual extraction of placenta</li> </ul>
<b>Cesarean Birth</b>	
<p><i>Timing of cesarean (pages 302–303)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Planned before labor begins</li> <li><input type="checkbox"/> Planned after labor begins</li> <li><input type="checkbox"/> Unplanned during labor, only done if medically indicated</li> </ul>	<p><i>Participation by mother</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother watches delivery of baby (window in screen or screen lowered)</li> <li><input type="checkbox"/> Doctor explains events during surgery</li> <li><input type="checkbox"/> No description of events during surgery</li> </ul>
<p><i>Anesthesia (chapter 10)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regional anesthesia (spinal or epidural)</li> <li><input type="checkbox"/> Regional anesthesia with or without sedation or tranquilizer</li> <li><input type="checkbox"/> General anesthesia</li> </ul>	<p><i>Postoperative medications for trembling or nausea (page 309)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Only at mother's request</li> <li><input type="checkbox"/> Medications with least effect on consciousness and memory</li> <li><input type="checkbox"/> Medications at doctor's discretion</li> </ul>
<p><i>Presence of partner/others (page 310)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> More than one supportive person present</li> <li><input type="checkbox"/> Father or partner only</li> <li><input type="checkbox"/> Partner sits or stands to watch or photograph surgery</li> <li><input type="checkbox"/> Partner not present</li> </ul>	<p><i>Contact between baby and mother/parents (page 308)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Held by partner after birth, for mother to touch and see</li> <li><input type="checkbox"/> Baby taken to nursery for well-baby observation</li> <li><input type="checkbox"/> If baby goes to nursery, partner goes with baby</li> <li><input type="checkbox"/> Partner remains with mother</li> <li><input type="checkbox"/> If two support people, one goes with baby while other stays with mother</li> </ul>
<b>Postpartum Hospital Options for New Mother</b>	
<p><i>Infant feeding (chapter 18)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breastfeeding</li> <li><input type="checkbox"/> Formula feeding</li> </ul>	<p><i>Controlling pain (page 311)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use of self-help techniques to avoid medications</li> <li><input type="checkbox"/> Medications (patient-controlled IV or oral)</li> </ul>
<p><i>Visits by family and friends</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unlimited visitation desired</li> <li><input type="checkbox"/> Limit who will visit</li> <li><input type="checkbox"/> Limit when visitors can come into room</li> <li><input type="checkbox"/> Hours or amount of time limited by hospital</li> </ul>	<p><i>Dietary preferences</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> General diet</li> <li><input type="checkbox"/> Vegetarian/vegan</li> <li><input type="checkbox"/> Kosher</li> <li><input type="checkbox"/> Food allergies and sensitivities</li> <li><input type="checkbox"/> Early solid foods after cesarean</li> <li><input type="checkbox"/> Other</li> </ul>
<p><i>Educational needs</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breastfeeding</li> <li><input type="checkbox"/> Infant feeding</li> <li><input type="checkbox"/> Baby care</li> <li><input type="checkbox"/> Postpartum care for new mother</li> <li><input type="checkbox"/> Other</li> </ul>	<p><i>Plans for follow-up from staff after discharge</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Availability for clinic or home visit with mother-baby nurse</li> <li><input type="checkbox"/> Availability of lactation help and support</li> <li><input type="checkbox"/> Availability of phone call to/from hospital nurse</li> <li><input type="checkbox"/> Amount of follow-up care desired by parents</li> </ul>

Options for Unexpected Labor Events	
<b>Options for Healthy Baby Care for First Days</b>	
<i>First feedings (pages 400)</i> <input type="checkbox"/> Breastfeeding within first hour <input type="checkbox"/> Breastfeeding, but could be delayed <input type="checkbox"/> Infant formula <input type="checkbox"/> Feeding on cues from baby <input type="checkbox"/> Feedings scheduled by hospital staff <input type="checkbox"/> Supplemental feedings to breastfed baby	<i>Circumcision (pages 365–366)</i> <input type="checkbox"/> None <input type="checkbox"/> Immediately (within two days of age) <input type="checkbox"/> Delayed (within two weeks of age) <input type="checkbox"/> With one or both parents present to comfort baby <input type="checkbox"/> With local anesthesia <input type="checkbox"/> No anesthesia <input type="checkbox"/> At religious ceremony
<i>Contact between baby and parents</i> <input type="checkbox"/> 24-hour rooming-in <input type="checkbox"/> Daytime rooming-in <input type="checkbox"/> For feedings only, in nursery at other times	<i>Newborn exam (pages 363–364)</i> <input type="checkbox"/> Performed by baby's caregiver <input type="checkbox"/> Performed by hospital caregiver <input type="checkbox"/> Performed in presence of parents <input type="checkbox"/> Performed in nursery away from parents
<b>Options for Unexpected Events for Newborn Baby</b>	
<b>Premature or Sick Baby</b>	
<i>Contact between baby and parents</i> <input type="checkbox"/> Parents visit baby in nursery (as desired) <input type="checkbox"/> Kangaroo care for premature baby <input type="checkbox"/> Parents feed and care for baby as much as possible <input type="checkbox"/> If baby is in different hospital than mother, partner goes with baby	<i>Feeding when baby is able to swallow milk (pages 427–428)</i> <input type="checkbox"/> Mother breastfeeds baby, if possible <input type="checkbox"/> Mother pumps breast milk and feeds baby by tube or bottle <input type="checkbox"/> Formula feeding by parents <input type="checkbox"/> Feeding expressed breast milk or formula by nurse
<i>Contact with support group</i> <input type="checkbox"/> Initiated by parents, nurses, or support group <input type="checkbox"/> No contact desired	<i>Medications and procedures</i> <input type="checkbox"/> Parent involvement in decision-making and procedures <input type="checkbox"/> Staff availability for updates to parents
<b>Stillbirth or Death of Baby (pages 294–297) These choices are highly personal and may not be desirable for all parents.</b>	
<i>Medication for mother before, during, or after childbirth</i> <input type="checkbox"/> None <input type="checkbox"/> At mother's request <input type="checkbox"/> At caregiver's suggestion	<i>Mother's participation</i> <input type="checkbox"/> Use of labor coping techniques (with or without pain medication) <input type="checkbox"/> Involved in decision making <input type="checkbox"/> Labor management left to hospital staff
<i>Mother's recovery and support</i> <input type="checkbox"/> Recovery on maternity unit <input type="checkbox"/> Recovery in room separate from maternity unit <input type="checkbox"/> Spiritual and grief counseling <input type="checkbox"/> Later contact with support group	<i>Memories of baby</i> <input type="checkbox"/> Obtain mementos (photographs, locks of hair, footprint and handprint, silhouettes, baby's blanket) <input type="checkbox"/> No mementos <input type="checkbox"/> Name baby
<i>Contact with baby after death</i> <input type="checkbox"/> See and hold baby after death <input type="checkbox"/> No contact with stillborn baby	<i>Care of baby after death</i> <input type="checkbox"/> Spiritual or religious services <input type="checkbox"/> Autopsy <input type="checkbox"/> Burial or cremation