

Sample Birth Plans

We offer here several different examples of birth plans. While individual plans cover many of the same topics, each is written in a style that reflects the personality and preferred options of the writer.

The chart at the top briefly summarizes each, to help you find ones that might be similar to your preferences and needs.

Please note: These are included only as examples of what a birth plan might look like. **They are not intended as endorsements or recommendations of any of the specific details of these personalized plans.**

Format / Characteristics	Pain Coping	Preferences for Labor and Birth	Preferences for newborn care and postpartum	Special issues
Plans for Hospital Births (in approximate order from lower intervention to higher intervention)				
Jane. Paragraphs and bullet-pointed list. Mom, husband, doula.	Natural, -7 on PMPS, will be disappointed if takes pain meds. Has a code word.	Avoid routine interventions. Want to use self-help measures. Pushing: Upright, avoid tearing / episiotomy. Cesarean preferences	Skin to skin, delayed cord clamp, delay procedures 1 hour, no supplements.	Years of infertility, IVF. Very modest.
Xiaojun Bullet pointed. Mom and dad	Please do not offer pain meds. Plan to use music, movement, noise, support.	Lamaze 6 care practices: let labor begin on its own, avoid routine interventions, upright / water birth.	Skin-to-skin, breastfeeding. Newborn procedures after feeding. Family members visiting	Issues with blood draws.
Melissa Short letter. Mother, father, doula	Prefer natural. If ask for epidural, use low dose CSE.	Own clothes, music, food, freedom of movement, bath. Minimize: interruptions, interventions, vaginal exams. Intermittent monitor.	Gentlest possible transition. Father will announce gender. On mom's chest, delay cord clamping, early breastfeeding. No eye ointment.	None
Felicia List of Wants / Don't Wants Mom, sister.	Comfort techniques: move, sway, dance, shower, bath, heating pads.	Prefer no induction, IV, continuous monitoring. Has a Plan B, C and D in the hospital bag if interventions become necessary or she chooses pain medications.	Lots of snuggling and nursing. Early Skype to Daddy. Wants to learn newborn care skills. May want nurses to take baby overnight.	Boyfriend stationed overseas.
Pat Bullet pointed, headings for each stage. Mom, husband, doula, maybe a friend.	Coping techniques in early labor, then pain medications in active labor.	Minimize or delay interventions. Second stage: labor down, variety of positions, if possible. Want to avoid episiotomy, forceps, vacuum.	Skin to skin. Immediate breastfeeding. Request lactation consultant, education. Visitor preferences.	Anxiety with vaginal exam, bladder catheter, etc. Inverted nipples
Emilio's mom Grid. Mom, boyfriend and 2	Epidural in active labor. (Will use movement and self-help	Fine with the interventions that come with an epidural, but want to avoid cesarean	Hold baby. Not sure about skin to skin – may want baby towed off first.	

friends	measures in early labor.	birth, if possible.		
Plans for Out-of-Hospital Births and Transfers from Out-of-Hospital Births				
Tina Short letter. Two expectant parents (not a couple but will co-parent)	The plan had been natural. May choose pain medications if needs painful interventions.	Preferences: peace, quiet music, dim lights. Minimal interventions. But, if hospital transfer was necessary, realize that interventions are likely.	Hold and breastfeed immediately. Room-in, procedures in arms. Minimal separation.	Unplanned baby. But looking forward to starting family (even if earlier than planned)
Hospital Transfer / VBAC				
Lynn Letter with some bullet points. Mom, husband. 2 older children.	Prefer natural, unless epidural would benefit labor progress	Understands continuous monitoring and other interventions may be required. No prostaglandins. Ideally, spontaneous pushing for VBAC. Family centered cesarean if needed	Skin to skin; delay procedures, do in arms, no supplements	Prior cesarean. Prior VBAC. Planning VBAC.
Plans for VBAC				
Caitlin Table / spreadsheet. Mom, wife / mama. Grandma-to-be	Plan to use coping techniques. Don't offer medications.	Don't offer interventions unless needed. Squat bar, spontaneous pushing in a variety of positions, mirror.	Delayed cord clamping, donate cord blood, delayed bath, delayed immunization.	Drug allergies. VBAC
Cesarean Birth Plan				
Grace Short letter. Single mom by choice. Sister, male friend who is nurse	[Will have pain medications.]	Planned cesarean for breech baby. Requests (and defines) family centered cesarean.	Delayed cord clamping, skin to skin and breastfeeding in OR. Procedures delayed until baby has nursed.	

Birth Plan for Jane Smith – Due Date April 12

Support People: Joe, my husband; Mary Jones, doula (or her backup, Carla Davis)

Introducing Ourselves: We've selected the midwives at Metro Hospital because we're interested in a safe and natural birth. We've struggled for years with infertility issues and are very excited to finally welcome our first child to our family (through the help of in vitro fertilization).

Issues, Fears, Concerns: I'm a private person and am sensitive about my modesty. Please come into my room only when it's essential and knock before coming in. I want to be kept covered, including while in the tub.

Preferences for Managing Pain: On the Pain Medications Preference Scale, we're at -7. We prefer a natural birth to avoid side effects of medications to me, my labor, or my baby. I'll be disappointed if I use pain medication. Please don't suggest it. If I get discouraged, suggest comfort measures and encourage me. My code word is *pumpnickel*. If I say that word (and only if I say it), help me get an epidural or other effective pain medication.

Preferences for Normal Labor and Birth:

First stage of labor

- Prefer to avoid routine interventions and wish to discuss any being considered.
- Desire freedom of movement.
- Prefer intermittent monitoring of my baby.
- Plan to use breathing, shower, bath, massage, and other comfort measures.
- Want to drink clear juices, Popsicles, and eat light snacks.

Second stage of labor

- Use upright positions or positions suggested by my midwife.
- No episiotomy—take steps to avoid tearing (warm compresses, controlled pushing, perineal support.)
- Let my baby's cord stop pulsating before being cut. (Joe to cut the cord.)
- After my baby's birth, immediate skin-to-skin contact and breastfeeding.

Third stage of labor and the first hours after the birth

- Delay all routine procedures until an hour after the birth or the first feeding.
 - Keep my baby in my room at all times unless otherwise requested or required.
 - Breastfeeding only, no supplements unless needed.
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Preferences for Unexpected Labor Events:

Prolonged labor and induction

- If induction is necessary, I'll try self-help measures and acupuncture first.
- If pain is too intense or exhausting, I desire input from staff for relaxation, pushing techniques, and other ideas to help me avoid taking medication. Please explain the reasons for any suggested procedure.

Cesarean surgery

- Prefer regional anesthesia
 - Please explain everything during surgery.
 - Joe and Mary (doula) to be present.
 - Prefer to have the screen lowered at the time of the birth.
 - Prefer for immediate contact between me and my baby, or my baby and Joe.
 - If my baby must go to nursery, Joe goes with her; Mary stays with me.
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Birth Plan for Jason and Xiaojun

We are committed to a natural, un-medicated labor and birth. Our basic plan is based on the Lamaze Six Healthy Birth Practices:

Let Labor Begin on Its Own

Walk, Move Around, and Change Positions Throughout Labor.

Have Continuous Support. Jason will be the primary support. Our doula, Jill, has great experience and a solid, soothing presence. Her suggestions, advice and assistance will be of great help. I would like privacy and a minimum of interruptions.

Coping Tools. I expect I'll make noise during labor. Music is a great tool for my relaxation and focus. Jason has several mood- and tempo-based playlists have been created and loaded into his iPhone.

Avoid Giving Birth on your Back and Follow your Body's Urges to Push. I may want to give birth in the water, as long as the midwives deem it to be safe. (We specifically chose this hospital as it is the only one in the area where water birth is allowed.) Jason would like to catch the baby, if possible.

Keep Mother and Baby Together. Baby skin-to-skin on mommy's chest right after birth, straight to breastfeeding. We'd like to do the vitamin K shot and eye care after the first breastfeeding

Avoid Routine Interventions that are not Medically Necessary. I want:

- Small amounts of food & drink to keep my strength up and to prevent upset stomach
- A minimum of vaginal exams (female practitioners STRONGLY preferred)
- A minimum of monitoring equipment
- Please do not offer pain medication

We realize that sometimes things don't go as we might have hoped. We will accept medical interventions if our midwives or hospital medical staff, in shared decision making with us, deem them to be medically necessary to preserve the well-being of mother and/or baby. *Our core goal is a healthy and happy mommy and baby!*

Other notes:

- Our parents live nearby, and may come to the hospital during labor. If things are going well, Xiaojun *may* invite them into the birthing room. If she gets overwhelmed, we ask that they respect her wishes to swiftly return to the waiting room. After the baby is born, we will invite them to come in and meet him, but only *after* completing his first breastfeeding.
- Xiaojun tends to go vaso-vagal at blood draws, so, please keep needles to a minimum and help me to lay down with feet up for blood draws

Melissa and John Doe

Our Hopes for our Baby's Birth Natural - Relaxed - No Drugs - No Rush

Hello! Thank you for taking the time to read a few of our hopes and beliefs around the birth of our first baby. We trust that your top priority is similar to ours: a healthy baby and mama, and a safe and satisfying birth. Melissa comes to birth with great confidence and enthusiasm for the power of her body and of her baby to make this happen, and John supports her goals of a vaginal birth with minimal interventions. We thank you for supporting us in this process!

Our Doula: Carrie Sullivan

Throughout Labor/Delivery: Overall, we would like to have as little chaos and as few clinical/hospital staff interruptions as possible, keeping the space as calm for Melissa.

Melissa would prefer to wear her own clothes, control brightness/temp of room, and have her own music playing. We will be using a variety of relaxation and coping techniques, which will include being able to drink/snack, use the bathroom, walk, change positions, and use the shower/tub.

Melissa would like to minimize vaginal exams – and have them performed by one person per shift for consistency – and would prefer intermittent monitoring with a Doppler. Please do not offer her pain medication, she will ask for it if/when she wants it. If we do request it, we prefer low dose CSE.

When Baby Arrives: We would like to help our baby have the gentlest possible transition into this world. We do not yet know the gender of our baby and would like John to announce the gender at birth. We'd like the lights to be as dim as possible and for baby to come to mom and dad right away. Breastfeeding immediately and continuously is a priority for us.

Baby should be placed directly on mom's belly/chest. Please delay cord clamping until it stops pulsating, and John would like to be asked if he wants to cut the cord. We decline administering eye prophylactics, and would like to delay any non-emergent care procedures that take baby from mom.

In Case of Surgery/Emergency: In case of cesarean section, we strongly request that both John and our doula be permitted to stay by Melissa and the baby's side. If there is an emergency that requires separation from baby, we strongly request that John and Melissa's mom, Ann, go with baby and our doula, Carrie, remain with Melissa.

Thank You for keeping us safe and healthy... and being a part of our birth team!

Felicia's Preferences for Labor and Birth

Thanks for your support with the birth of Franklin James Johnson Jr. His daddy is stationed in the Middle East right now, and isn't able to be home, so my sister will be supporting me. The preferences I list here are what I think I will want and not want if labor is going well. If problems come up, or I choose pain meds, I have in my hospital bag my Plan B, C, D.... checklists and notes about how I would want to handle each situation.

What I Think I'll Want:

To start labor on my own. To stay home as long as possible
To move, sway, dance, use birth ball, take a shower or bath
Heating pads (no ice!!)
To eat and drink as desired
I like massage – on my body: back, hands, feet, etc.
Being able to choose my position for pushing, being coached on how to push well
After birth, baby in my arms – as soon as possible, Skype with Daddy so he can see his baby boy!
Lots of snuggling, and nursing.
Please teach me how to swaddle and bathe.

What I Don't Want:

Induction – unless medically required
To feel trapped – thus I prefer to avoid IV, continuous monitoring, and other limits on movement
Please don't touch my hair or my face
A pushing stage that goes on and on, please give me tips or interventions to speed it up if it goes on for more than 90 minutes (sister pushed for 4 hours with her first)
Overnight, I may ask nurses to take the baby so I can rest, since my sister has to go home to her family, and when I go home I'm on my own

Birth Plan for Pat Rosen

- My primary caregiver is Dr. Sally Doe, and my due date is July 5.
- My support people will be my husband, Ken; a doula; and perhaps a friend.

Who We Are

- Ken and I are both originally from the South, so we feel it's a little exotic to have a kid born on the West Coast! This is our first baby, and we don't know if it's a boy or girl. We figured, why spoil one of life's big surprises?

Issues, Fears, Concerns

- As a child, I had minor surgery involving my urethra. I remember it as painful and quite frightening. So I have lingering anxiety around vaginal exams and interventions such as a catheter. Not very convenient when giving birth, I know, and I've tried to get around the anxiety, but it does crop up.

Preferences for the First Stage of Labor

- Controlling pain: In early labor, I'll use natural coping techniques (breathing, focused relaxation, the bath, the ball, comfort positions) to a point. I expect I'll want pain meds in active labor.
- Medical interventions: I'd like to avoid interventions; delay them until I get the epidural or if a problem comes up.

Preferences for the Second Stage of Labor

- Positioning: I hope the epidural will be light enough that I can try different positions in the bed to help the birth.
- Pushing efforts: I'd like to labor down and have help knowing when and how long to push.
- Medical or surgical interventions: I'd like to avoid an episiotomy, forceps and vacuum extraction.

Preferences for Unexpected Labor Events

- We'd like to make informed decisions, so please keep us informed if you have concerns about our baby's well-being or mine.
- Cesarean surgery: I'd like to have at least two of my people with me.

Preferences for My Postpartum Care

- I plan to breastfeed and would like a visit from a lactation consultant. I have inverted nipples and wonder whether I will need extra help.

Newborn Care Plan

- Immediately after the birth: Bonding time is very important to us. We'd like to have our baby placed naked on my chest as soon as possible after the birth, unless there's a medical reason not to do so. We'd like to delay procedures till the end of the first hour.
- Feeding: We plan to breastfeed exclusively and on cue. We'd like advice from the lactation consultant, as this is all new to us!
- Vaccinations: We will follow the CDC recommendations for vaccinations.
- If our baby is sick: We absolutely want our baby to have help if needed, and ask that you include us in the decision-making process so we can do all we can for our baby. We wish to stay with our baby so we can hold and feed him or her as much as possible.
- Visitors: We'd like our baby's grandparents brought in to see us and meet their grandchild as soon as possible after the birth; other friends can come as well, provided we have the energy to visit.
- Our educational needs: Because this is our first baby, we need all the advice and help we can get about baby care and feeding!
- Discharge: We hope to stay in the hospital for as long as our insurance policy allows.

Plan for the Birth of Emilio Lopez

Here's the quick summary. Ask us if you would like more details!

<p>Environment: I know lots of women like dim lights, quiet, and closed doors... but that would make me feel trapped in a cave! I like the lights on, music on, and the door open (curtain pulled across for privacy.) My boyfriend and two friends will be with me.</p>	<p>Pain Management: Although my boyfriend and I have practiced comfort techniques, just in case, we are planning on an epidural as soon as I reach active labor. In early labor, we'll use movement and self-help measures to get baby into a good position and get labor going well before the epidural.</p>
<p>Birth Preferences: I know lots of monitoring and interventions come with the epidural, and I'm fine with that. However, I really want to avoid a cesarean, so if any decisions need to be made, take that into account when making recommendations.</p>	<p>Newborn Care Preferences: I want to hold Emilio as soon as possible after the birth. We learned that skin-to-skin is best. I've got a little "ick factor" about holding a baby covered in birth goo – maybe that won't matter to me in the moment, but I may ask the nurse's support with toweling him off a little bit or cleaning me up afterward.</p>

Hospital Transfer Plan for Tina and Marcus

We had planned to have our baby at Metro Birth Center. But, we have prepared this birth plan in case a transfer becomes necessary. We appreciate the medical expertise you bring to our birth, which apparently isn't going quite as we had expected, which is par for the course for us!

This baby came as a surprise to us. We are both still in college, and weren't planning on a baby or, honestly, a long-term relationship. But we both come from big families and wanted kids someday, so we're just starting on that life a little earlier than planned. We will co-parent, even though we're not a couple. Marcus will be here for the birth, but my aunt (who used to be a labor and delivery nurse) will provide primary support.

We took childbirth classes and I took prenatal yoga. The coping techniques I think will most likely be helpful to me are peace, quiet music, dim lights, side-lying, deep breathing, massage, and visualization. My plan is an unmedicated labor but if needed medical interventions increase my pain levels, I may change my mind. Obviously, we planned a birth center birth because we hoped for minimal interventions. Clearly, more is needed, but we ask that you remember our original intentions when making recommendations for treatments – we will do what is needed to preserve mom and baby's health and well-being, but still want this to feel like our birth process, not a series of medical procedures.

As soon as the baby is born, we hope to hold her and breastfeed her. We'd like her to remain in the room with us, and in my arms or Marcus' arms, with as little separation as possible. Please ask us before doing any interventions or medical procedures.

Birth Plan, in case of Hospital Transfer

Hello,

My name is Lynn, my husband is Paul. Our son Martin was born by cesarean 7 years ago, and Ivy was born VBAC 3 years ago. With this birth, we had planned a home birth with no pain medication and few interventions. However, the fact that we are now at the hospital indicates that I need additional monitoring and/or medical procedures, and we are grateful for your assistance in providing this needed care to usher our third child into the world.

This birth plan expresses some of my preferences, so they can be taken into account and balanced with medical necessity. The ones I feel most strongly about are related to how our baby is cared for in the first hour of life.

Preferences:

- Coping Techniques: As much as possible, we would like to continue to cope with the labor as we would have at home: with minimal interruptions, freedom to move around and continue whatever coping rituals we have developed. If there are decisions that need to be made, please talk with Paul about them first. It will be helpful to me to stay in my “birth zone” – an instinctive, emotional space; if I am asked a lot of questions, I will slip into my academic brain, which tends to block my pain coping skills and labor progress.
- Routine Interventions
 - Monitoring: I understand that continuous fetal monitoring is standard with VBAC. I would prefer external to internal monitoring.
 - Food and water: At minimum, I would like to consume clear liquids in labor, as per guidelines from the American Society of Anesthesiologists.
 - IV: I have often been told my veins are small and tend to roll, so are difficult to insert an IV into. If an IV is needed, please pick a staff member who is particularly skilled at insertion.
- Augmentation
 - Pitocin: fine. No prostaglandins or misoprostol, due to increased risk of rupture.
 - Amniotomy: would prefer to delay till baby is well positioned (OA)
 - Epidural: If pain-related tension is delaying progress, may be a reasonable tool
- Pain Medication
 - No IV opioids: They are not effective for me; I feel mentally out of control, and don't gain sufficient pain relief
 - Epidural: If I request it, I would like to start with a low level dose of medication to enable as much mobility as possible; if PCEA is available, this would be ideal
- Second Stage
 - I would like to be able to use positions other than semi-sitting (side lying, or hands and knees). If I have epidural anesthesia, I may need support changing positions.
 - If possible, I would like to use spontaneous pushing, following my own instincts. If I do not have an urge to push, I would prefer to labor down, unless time is of the essence
- Cesarean. I understand that an emergent situation, such as a uterine rupture, could lead to the need for cesarean under general anesthesia. If this is not the case, here are my preferences:
 - Paul will accompany me in the O.R.
 - If possible, I would prefer a “family centered” style of cesarean. This would include: lowering the screen during delivery so I can see the baby, immediate skin-to-skin contact and

breastfeeding in the O.R. Should I become shaky or nauseous, I do not want any medication that will make me fall asleep, or cause amnesia effects during that first hour with my baby.

- Care of the Baby in the First Hour (Highest priority for me)
 - I would like as much of baby's first hour as possible spent skin-to-skin on my chest. If baby cannot be skin-to-skin with me, then he should be skin-to-skin with Paul.
 - Breastfeeding to be initiated in the first hour after birth, ideally allowing baby to self-attach.
 - Newborn procedures should be conducted with baby in parents' arms. Bath, weighing, and measuring can be delayed till after initial breastfeeding.
 - Routine procedures: Eye ointment should be given as late as possible (one to two hours, as per state requirements) after vaginal birth; but as early as possible after cesarean
- Care of the Baby Until Discharge
 - As long as baby is well, baby is to remain in-room with parents at all times, with family providing care, and minimal disruption
 - If baby needs special care, then a parent or family member will accompany the baby at all times, holding the baby skin-to-skin as much as possible
 - No formula or other supplements to be given without express written approval from a parent, and supplementation to be given by spoon, cup, or SNS, not bottle.

Thank you for your time and attention to my preferences, and thank you for the care you are providing to our family.

Lynn and Paul

My VBAC Birth Plan – Caitlin Jones

	First Stage Labor	Transition	Second Stage Labor	Instructions for Baby
Who will be there?	My wife Sonia (mama), grandma-to-be Kris. (Baby Lucas!)			<ol style="list-style-type: none"> 1. Allow umbilical cord to stop pulsing 2. Cord blood donated 3. Baby to breastfeed immediately 4. Do not clean vernix off skin 5. Eye ointment 2hrs later 6. No Circumcision 7. No blood work (it will be done at 2 week appointment) 8. Sonia bathes baby before discharge from hospital
Who else can come in?	Grandma-to-be, Harriet			
What will I need? (Supplies, Environment, Support)	<ul style="list-style-type: none"> • Smart Water or Recharge • Frozen Fruit • Relaxing Music • Tennis Ball / Back massager • Rice Sock • Phone / Camera • Dim lighting • Have the environment quiet for optimum levels of relaxation and play music softly • Minimal interruptions • Massage • Positive Words • Deep breathing and relaxation techniques coached by wife • To not be rushed or pressed for time to perform, but let nature take its course. • Have only natural tools, techniques and remedies tried / administered before medical alternatives are suggested. 	<ul style="list-style-type: none"> • Comfort tools, as before • Bed position to be elevated • Rely on my Support team to coach and encourage me and do what I need • Rely on my instincts to labor the way I need to • Have help with the possible intensities of transition • Focus on positive aspects of my progress • Have my support / birth team be strong and continue with my labor / birth wishes and plans even if I doubt my choices or myself at the time 	<ul style="list-style-type: none"> • Squatting bar • Have support team get me going, encouraging me, helping me in whatever way is necessary – i.e. massage, affirmations, etc... • Spontaneous pushing in a variety of positions • Focus on my positive aspects of my progress • With my first birth, I found it helpful to use a mirror so I could see the progress I was making 	

Drug Allergies: Morphine; Dlaudid (Hydro morphine); Percocet; Demerol

Not Allergic To: Torderol

Previous Births:

1st Birth 2015

Vaginal and Natural, 8hrs, very little pushing.
 Baby weighed: 8lbs 11 oz
 Arrived 1 week late

2nd Birth 2018

Cesarean (Placenta Previa)
 Baby weighed: 7lbs 4oz
 Scheduled delivery at 37 weeks

CESAREAN BIRTH PLAN

Birth Preferences for Grace Miller

I am a single mother by choice. My sister Alex and my friend Jacob (who is an experienced surgical nurse) will be providing support for me during my birth.

Although I had hoped for an unmedicated vaginal birth, my baby is in the breech position, and has resisted turning, despite my having tried acupuncture and a variety of self-help methods to turn her and a version. Thus, I will be having a cesarean delivery as soon as my labor has begun on its own. I still hope to maintain as much closeness and intimacy with the birth process and my new baby as possible under these circumstances.

I have consulted with my OB and with hospital anesthesiology staff in advance, and was told that the procedures I request below are typically possible, assuming all is well with the mother and baby.

MY PREFERENCES

- I would like my sister and friend to accompany me into the OR. I realize that it is not standard policy to have two support people, however, due to my extreme anxiety around a C-Section, I believe it would help me to have one person to go with the baby if need arises and one person to stay with me and keep me calm. We understand that in the event of an emergency one or both of my support people could be asked to leave and we trust the OR staff's judgment in this matter.
- I would like the I.V., blood pressure cuff and pulse oximeter to be positioned on my left side so my right hand (my dominant hand) is free to hold my baby, and the electrocardiogram (ECG) leads placed on my back so my baby can be placed for skin to skin after delivery.
- I would like my baby to be delivered through the incision slowly. The head is lifted out, but the trunk remains in utero for a few minutes, while baby begins to breathe on her own.
- I would like the cord clamping and cutting to be delayed as long as possible, preferably until it has stopped pulsing. If delayed cord clamping is not possible I request milking of the cord (gentle pressure applied to the umbilical cord from placenta to baby) to push the cord blood into the baby before the cord is clamped and cut.
- I request that my internal organs be left inside my body for the duration of the surgery (i.e. please do internal repair.)
- I would like the baby to be brought immediately to my chest for skin to skin contact and nursing while my surgery is repaired. My sister and/or friend can help secure the baby on my chest if necessary. I would like us to both be covered in warm towels to maintain temperature rather than a trip to the warming table and swaddling. In the event that this is not possible, we request that the baby be brought immediately to my sister's chest for skin to skin contact.
- Apgar, labeling and drying may be done on my chest. I would like to delay routine medications or tests (vitamin K, eye drops, blood tests) one to two hours and until nursing is initiated.
- I request my incisions be repaired with double layer sutures and my medical records document this type of repair.