

Birth Plan

At Progress West HealthCare Center, we want to make your birthing experience as comfortable and relaxing as possible. We respect your personal choices and encourage you to discuss with your partner and physician how, ideally, you'd like the birth of your baby to be handled. Please use this birth plan as a starting point to communicate your preferences. Share the finished birth plan with your partner, your physician, and with the medical team assisting you during labor and delivery. Having a plan will allow you and your family to relax and enjoy the birth of your child.

Your Name

Partner's Name

Due Date/Induction Date

Doctor's Name

Who would you like to be present for the birth?

Environment

Film/ Video Preferences

- Record with video
- Cameras only
- No recording devices

Clothing Preferences

- Wear my own clothing
- Wear hospital gown

Hydration Preferences

- Clear liquids & ice chips
- Intravenous (IV)
- IV, NO heparin/saline lock

Sound Preferences

- As quiet as possible
- Music played (I will provide)

Other

- Lights dimmed
- Temperature kept approx. _____

Labor

Induction/ Augmentation

- Natural methods
- Prostaglandin
- Pitocin
- Amniotomy/membranes ruptured

Fetal Monitoring

- Intermittent (Doppler, External Monitor)
- Continuous, internal
- Continuous, external

Medication/ Pain Relief

- Natural methods (breathing, massage)
- Narcotic
- Epidural/ Spinal

Administered

- Only when I request
- As soon as possible

Preferred Labor Position

- Standing/walking
- Reclining
- Lying down
- Hands & knees

Pushing/ Delivery

Preferred Delivery Position

- Reclining
- Standing
- Squatting
- Hands & Knees

Episiotomy Preferences

- None, tear naturally
- Performed
- Performed only after massage, compresses, positioning are tried

Pushing Preferences

- Push spontaneously
- Directed when to push
- Push without time limit if possible

Delivery Preferences

- Avoid forceps usage
- Avoid vacuum extraction
- View birth with a mirror

Cesarean Birth (if necessary) Preferences

- To remain conscious
- My partner present
- The surgery explained as it happens
- One hand free to touch the baby

Placenta

- Deliver spontaneously
- Assistance delivering

Post Partum/ Baby Care

Cord Cutting

- My partner to cut cord
- Delay until pulsation stops
- Bank cord blood
- Donate cord blood

Other Preferences

- Postpone newborn procedures until I bond with baby
- Avoid giving baby pacifiers, bottles, sugar water
- Delay vaccinations
- Begin breastfeeding ASAP
- If baby is a boy, I do NOT want him circumcised

In the event of medical problems with my baby,
I prefer:

- To breastfeed or provide pumped milk
- Unlimited visitation for parents
- To be moved with baby, if necessary, to another hospital
- To hold baby whenever possible

A brand new hospital. A whole new approach to birthing care. *That's Progress.*