

B A B Y



C H I C K

Living The Chic(k) Life

THE BABY CHICK'S BIRTH PLAN TEMPLATE

Mother: _____ Hospital/Birth Center: _____
 Father/ Partner: _____
 Baby's Name: _____ OB/Midwife: _____
 Doula: _____ Due Date: _____
 Other Support People: _____
 Pediatrician: _____

INTRODUCE YOURSELF TO THE STAFF

This is a great place to share your unique personality with the staff and it offers a good opportunity to offer words of appreciation to your caregiving team.

IMPORTANT ISSUES, FEARS, OR CONCERNS

Consider sharing any fears, traumas, cultural concerns, or other information that could help personnel understand and respect your wishes.

BIRTH ENVIRONMENT

- ☐ Please keep my birthing space dim with the door closed as often as possible.
- ☐ Please help us avoid unnecessary noise and visitors.
- ☐ We do NOT want any residents or students present during the labor and birth.
- ☐ We are fine with residents or students present during the labor and birth.
- ☐ I would like to bring my own music to play.
- ☐ I would like to wear my own clothing during labor and birth.
- ☐ I will be wearing the hospital gown the hospital provides.
- ☐ I plan on having photographs and/or video taken during labor.
- ☐ I would like access to a bath or shower during labor.
- ☐ Other: _____
- ☐ Other: _____

EARLY AND ACTIVE LABOR

PAIN MANAGEMENT PREFERENCES

- ☐ I would like to utilize available technologies, medications, and procedures throughout labor; I want to receive pain medication when I arrive at the hospital.
- ☐ I would like to labor and give birth naturally. I would like to utilize relaxation techniques, movement, and other non-medical comfort measures before considering pain management medication.
- ☐ I prefer trying the following methods before being offered pain relief:
 ___ Hydrotherapy ___ Position Change ___ Rebozo ___ Aromatherapy ___ Massage
 ___ Hypnosis ___ Relaxation Techniques ___ Hot/Cold Therapy ___ Counter Pressure
 ___ Other: _____
- ☐ I prefer not to be offered pain relief unless medically indicated. If I feel that I need pain relief, I will request it, using my code word: _____

PAIN MEDICATION PREFERENCES

- ☐ I prefer managing my labor pain with Neuraxial analgesia or anesthesia:
__ Epidural __ Spinal __ Spinal Block __ Combined Spinal-Epidural
- ☐ I would like to manage early labor pain with sedative medications: __ Nembutal __ Secondal
- ☐ I would like to manage active labor pain with narcotic analgesics:
__ Stadol __ Nubain __ Demerol __ Sublimaze __ Talwin – *all these medications are given through IV*
- ☐ I would like to manage early and active labor with tranquilizer medications:
__ Phenergan __ Valium __ Sparine __ Vistaril __ Versed
- ☐ I would like to temporarily manage pain during active labor with inhalation analgesia: nitrous oxide gas;
note: this treatment option is rarely available in US hospitals, ask your caregiver about availability.
- ☐ I would like to manage pain during pushing, crowning, and birthing stage with a local anesthetic:
__ Perineal block __ Pudendal block __ Paracervical block
- ☐ I would like to manage anxiety and pain throughout pre-labor and early labor with morphine.
- ☐ I prefer to be unconscious during labor and birth; I would like to use a general anesthetic in order to achieve this.

MOVEMENT

- ☐ I prefer to stay in bed as much as possible during labor.
- ☐ I prefer to use continuous electronic fetal monitoring (EFM) throughout labor.
- ☐ I prefer to utilize the maximum allowable freedom of movement during labor.
- ☐ In order to maximize mobility, I would like to *avoid* the following unless medically indicated and discussed:
__ IV fluid (I'd prefer access to food and drink throughout early and active labor)
__ Continuous electronic fetal monitoring
- ☐ In the event that I must labor with EFM, I would like to utilize the following technologies, if available:
__ wireless EFM __ waterproof EFM __ intermittent EFM
- ☐ In the event that I may need IV fluid at some point during labor, I would like to discuss the use of a heparin lock (Hep lock)/saline lock in order to retain my maximum mobility.

INDUCTION & AUGMENTATION

- ☐ If my labor progresses slowly, I prefer using self-help techniques to augment labor progress. I prefer not to augment my labor artificially or through medical technology unless medically indicated and discussed.
- ☐ I would like to use the following techniques before being offered medical augmentation options for a slowly progressing labor:
__ Change position __ Nipple stimulation __ Acupressure __ Acupuncture __ Aromatherapy
__ Bowel stimulation with Castor oil __ Bowel stimulation with enema
__ Walking __ Relaxation __ Other: _____
- ☐ If my labor progresses slowly, I would like to augment the process through use of the following medical procedures:
__ Artificial oxytocin, Pitocin (*note: this will be administered via IV*)
__ Artificial rupture of the membranes (breaking the bag of waters).
- ☐ I prefer to let my bag of waters break spontaneously unless medically indicated and discussed.
- ☐ Once my bag of waters is broken, please limit vaginal exams as much as possible.
- ☐ In the event that my labor process must be induced, I would prefer to use the following method(s) for induction:
__ Cervical ripening agents (Prepidil gel, Cervidil suppository, Cytotec (misoprostol) tablet, balloon dilator)
__ Sweeping the membranes
__ Artificial oxytocin, Pitocin (*note: this will be administered via IV*)
__ Artificial rupture of the membranes (breaking the bag of waters).

PUSHING AND DELIVERY

PUSHING

- ☐ I would like to push lying on my back with my legs supported.
- ☐ I would like to push in upright and semi-upright positions and I would like to be supported if I feel the need to change positions throughout the pushing stage.
- ☐ If available, I would like to use a birthing stool or chair while pushing.
- ☐ I prefer coached pushing; please help me work through this part of labor.
- ☐ I prefer spontaneous, self-directed pushing. Allow me to push when I feel the urge to push.
- ☐ I would like to push with perineal support from my caregiver. I would like the following perineal support:
 - ___ Warm compress on vaginal outlet ___ Oil lubrication of vaginal outlet (perineal massage)
- ☐ As long as my baby and I are doing well, I would like to push for as long as I can before considering interventions for slow progress.
- ☐ I prefer to avoid episiotomy and the use of vacuum extractor or forceps during delivery, unless medically indicated and discussed.
- ☐ I prefer to avoid episiotomy unless there is fetal distress.
- ☐ I prefer a natural tear to episiotomy.

BIRTH AND AFTERBIRTH

- ☐ When crowning, I would like to touch my baby's head.
- ☐ When crowning, I would like to see my baby with a mirror.
- ☐ Once born, I'd prefer my baby be placed directly on my chest. In order to achieve this, *I would like to avoid:*
 - ___ Placing baby in warmer unless medically indicated
 - ___ Bulb suctioning unless medically indicated
 - ___ Drying baby ___ Swaddling baby
- ☐ When born, I would like my baby cleaned, dried, and then placed on my chest.
- ☐ When born, I would like my baby cleaned, dried, and taken to the nursery so I can rest and recover.
- ☐ I prefer delayed cord clamping; please do not cut the cord until it stops pulsating.
- ☐ I would like _____ to cut the cord.
- ☐ I will be banking the cord blood.
- ☐ I will be donating the cord blood.
- ☐ Unless I am bleeding excessively, I would prefer to avoid routine oxytocin/Pitocin after I deliver the placenta.
- ☐ I will be preserving/using the placenta; please do not dispose of the placenta.

NEWBORN CARE

ROUTINE PROCEDURES

- ☐ Please perform all routine newborn procedures.
- ☐ Please delay performing routine newborn procedures until an hour after birth.
- ☐ Please perform all necessary newborn procedures in my presence.
- ☐ Please *do not* perform the following routine newborn procedures:
 - ___ Antibiotic eye ointment (erythromycin) ___ Hepatitis B vaccine ___ First bath
 - ___ Vitamin K injection (*note: there are unique risks and necessary precautions when opting to avoid this routine; must discuss with caregiver*).
- ☐ If baby is male, please do / do not circumcise him.

FEEDING

- ☐ I will be feeding my baby formula.
- ☐ I will be breastfeeding and formula-feeding my baby.
- ☐ I will be exclusively breastfeeding my baby. In order to achieve this, please:
 - ___ *Do not* offer my baby a pacifier.

- ☐ *Do not* supplement my baby with any substance unless medically indicated.
- ☐ Allow my baby to room-in with me, not the nursery unless medically indicated.
- ☐ Request that an IBCLC or other certified breastfeeding consultant visits with me and my baby after birth.

UNEXPECTED LABOR EVENTS & CESAREAN BIRTH PLAN

UNEXPECTED LABOR EVENTS

- ☐ I understand that unexpected situations and/or complications may arise during my labor.
- ☐ In the event of unexpected labor events and/or complications, I prefer to defer to my primary caregiver (doctor or midwife) all decisions about my care.
- ☐ In the event of unexpected labor events and/or complications, I prefer to be able to make informed decisions about my own care and I would like to discuss any suggested intervention with my caregiver and my support person/people.
- ☐ In the case of suspected fetal distress indicated by fetal heart tones through electronic fetal monitoring, I would like to discuss the following fetal distress testing options with my caregiver:
☐ Fetal scalp stimulation test ☐ Fetal pulse oximetry
- ☐ Other concern(s): _____

NICU PLAN

- ☐ If baby is rushed to the NICU, I would like _____ to go with baby and I would like _____ to stay with me.
- ☐ If my baby needs immediate care in the NICU, I would like support, encouragement, and instruction on expressing my colostrum (first breast milk).
- ☐ If in the NICU, I would like my baby to be fed my colostrum/breast milk exclusively, unless medically indicated and discussed.
- ☐ If in the NICU, I prefer that my baby be fed formula and/or other dietary supplements like glucose water.
- ☐ Other concern(s): _____

CESAREAN BIRTH PLAN

- ☐ In the case of Cesarean surgery, I would like the following support people allowed in the operating room (partner, doula, family members, or friend(s)):

- ☐ I would like to play my own music during surgery and birth.
- ☐ I would like to take photographs and/or video.
- ☐ To manage pain during surgery, I prefer:
☐ General anesthesia ☐ Regional anesthesia
- ☐ I would like to be as aware as I can of what is happening during surgery; in order to achieve this, please:
☐ Tell me what is happening throughout surgery
☐ Lower screen slightly at birth for me to see the baby
- ☐ Unless medically indicated, I would like to have baby placed on my chest, skin- to-skin, as soon after birth as possible.
- ☐ I would like to initiate breastfeeding as soon as possible.
- ☐ Other concern(s): _____