

Name:

Due Date:



Total Women's Health of Baltimore

At Total Women's Health of Baltimore your pregnancy and the birth of your baby is very important to us. We want you to have the best experience possible. This is your pregnancy and your delivery and we want to adhere to what you want (within reason). In order for us to provide the experience you desire, please complete this birth plan as completely as possible. We will make every attempt to adhere to your birth plan. When this is not possible, we will communicate with you as early and as effectively as possible.

PRE-LABOR:

- I would like my labor to begin on its own, unless there is a medical reason why induction would be safer.
- I have Group B strep
- I am Rh negative
- I plan on having a (underline one): Vaginal Delivery Cesarean Section VBAC
- I have taken or will be taking a birthing class
- I am planning on breastfeeding
- I have or plan on taking a breastfeeding class or I have breastfed in the past
- I have picked a pediatrician and his/her name is:

LABOR WISHES:

- My partner's name is:
- My partner will be present at delivery
- I plan to have _____ (how many) people present at delivery (up to 5 people)
- I plan on having infants or children under age 12 present during labor and delivery (must be accompanied by an adult)
- I have a doula or birthing coach
- I would like to limit the number of people in the room



DURING LABOR:

- | | |
|--|---|
| <input type="checkbox"/> Music played (I will provide) | <input type="checkbox"/> The lights dimmed. |
| <input type="checkbox"/> The room as quiet as possible | <input type="checkbox"/> As few interruptions as possible |
| <input type="checkbox"/> Hospital staff limited to my own doctor and as few residents as possible (no students) | <input type="checkbox"/> No children in the room. Limited family: |

Which family members/guests be in the room:

LABOR CARE:

- | | |
|--|--|
| <input type="checkbox"/> I am Ok with IV medication | <input type="checkbox"/> I would like an epidural |
| <input type="checkbox"/> If possible, I would like free movement | <input type="checkbox"/> I would like to wear my own nightgown |
| <input type="checkbox"/> Continuous monitoring | <input type="checkbox"/> Intermittent monitoring |
| <input type="checkbox"/> Limited cervical exams | <input type="checkbox"/> Clear liquids, if possible |

MANAGEMENT OF LABOR:

- | | |
|---|--|
| <input type="checkbox"/> Augmentation of Labor if not progressing | <input type="checkbox"/> No episiotomy |
| <input type="checkbox"/> Rupture of Membranes if needed | |

Other Special Requests:

AFTER DELIVERY:

- | | |
|---|--|
| <input type="checkbox"/> Partner to cut cord | <input type="checkbox"/> Delayed cord clamping |
| <input type="checkbox"/> Immediate skin to skin | <input type="checkbox"/> Save placenta |
| <input type="checkbox"/> Cord blood collection | <input type="checkbox"/> Breastfeeding ASAP |
| <input type="checkbox"/> No formula | <input type="checkbox"/> No Pacifiers |

WISHES FOR THE BABY:

- No vitamin K
- No eye ointment
- Delay exam for bonding, if possible
- I would like the baby in the room with me at all times if possible
- I don't mind the baby being in the nursery when I need to rest
- No hepatitis B vaccine
- No bath for baby
- No formula
- No pacifiers

CESAREAN SECTION PATIENTS ONLY:

- I would like medication to relax me before the operation
- Are you allergic to any anaesthetics, like morphine or demoral?
- Please give me the pain relief that will have the least impact on my baby when I'm breastfeeding
- I'd like my own music to be played in the OR
- I would like the drape to be slightly lowered so my partner can see the baby being born

Thank you for entrusting Total Women's Health of Baltimore with your family's care. We will make this the best experience! Congratulations on your upcoming bundle of joy! If there is anything that was not addressed and you would like to add, please add notes below:

