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.

**Name**:

**Due Date:**

***Birth Plan***

**Due Date:**

Name:

Name:

***Birth Plan***

**otal Women’s Health of Baltimore**

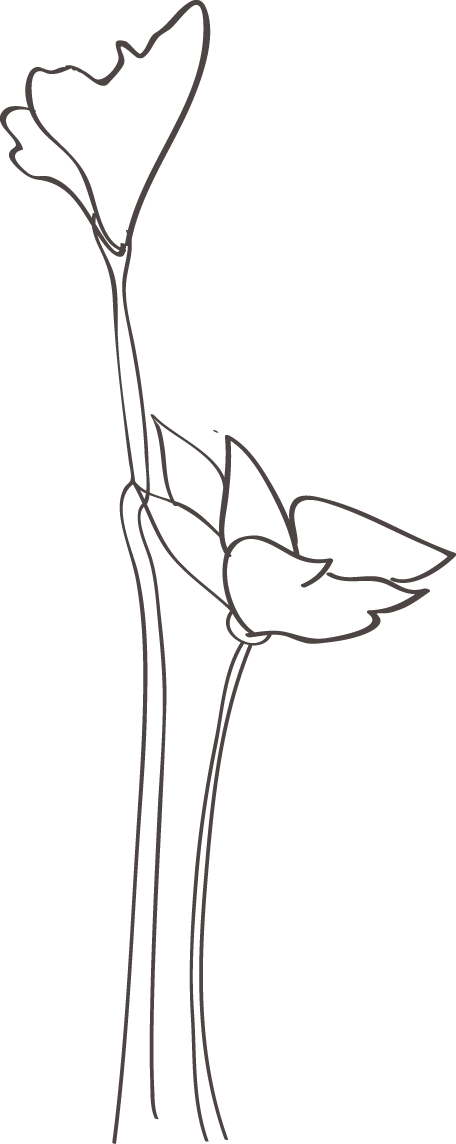
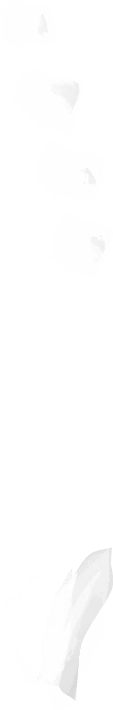
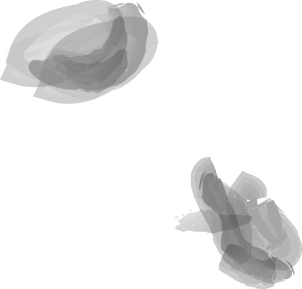
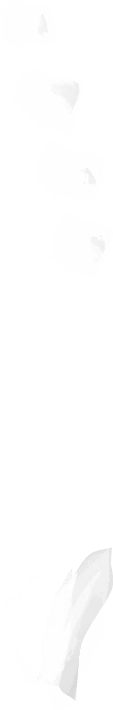
# Pre-Labor:

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:

|  |  |  |
| --- | --- | --- |
| Music played (I will provide)  The room as quiet as possible  Hospital staff limited to my own doctor and as few residents as possible ( no students)  Which family members/guests be in the room: |  | The lights dimmed.  As few interruptions as possible  No children in the room. Limited family: |

# Labor Care:

|  |  |  |
| --- | --- | --- |
| I am Ok with IV medication  If possible, I would like free movement  Continuous monitoring  Limited cervical exams |  | I would like an epidural  I would like to wear my own nightgown  Intermittent monitoring  Clear liquids, if possible |

# Management of Labor:

|  |  |  |
| --- | --- | --- |
| Augmentation of Labor if not progressing  Rupture of Membranes if needed  Other Special Requests: |  | No episiotomy |

# After delivery:

|  |  |  |
| --- | --- | --- |
| Partner to cut cord  Immediate skin to skin  Cord blood collection  No formula |  | Delayed cord clamping  Save placenta  Breastfeeding ASAP  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***: