



Birth Plan

Freeman Birthing Center and Mother/Baby Unit welcome you! Below are the birth plan options offered at Freeman Health System. We encourage you to think about your preferences and review them with your physician or midwife prior to delivery. (A plan is not required for delivery – it is just an option.)

Birth is a unique experience for everyone. Keep in mind that having a plan does not guarantee your labor and delivery will go according to that plan. Changes may need to be made. Give yourself permission to change your mind once you are in labor, as well. Remember that you and your provider have a common goal: to provide the safest possible delivery for you and your baby.

Your name _____ **Your physician or midwife** _____

Baby's name _____ **Baby's healthcare provider** _____

Your due date _____

Support people to attend delivery _____

Type of delivery planned: Vaginal C-section VBAC Adoption

During labor, I would like:

- To move around as I wish
- To drink fluids of any kind
- To drink clear liquids
- To have ice chips
- An intravenous (IV) line for medications and fluids to help me stay hydrated.
- A heparin/saline lock not connected to fluids, to provide intravenous access as needed.
- I don't have a preference between an IV and a heparin/saline lock.

To manage my discomfort, I plan to use the following:

- Birthing ball
- Rocking chair or straddle a chair
- Walking in my room
- Massage by my support person
- Whirlpool tub
- Shower
- IV pain medication
- Epidural or spinal anesthesia (regional block)

Delivery:

- I am comfortable having students observe or participate in my delivery.
- I am NOT comfortable having students observe or participate in my delivery.
- I would like guidance on how and when to push.
- I would rather push in the way that feels best to me.
- I want a mirror to see my baby's head crowning.
- I want the lights dimmed at delivery.
- I am comfortable if perineal massage and/or mineral oil is used during delivery.
- I prefer my baby to be placed on my chest for skin-to-skin contact.
- I prefer my support person cut the umbilical cord.
- I prefer to have photos or videos taken. (I understand the hospital policy states no pictures or videos of the actual birth. Photos prior and after delivery are encouraged.)
- I prefer my baby to be taken to warmer in my room, weighed and cleaned before I hold my baby.
- I would like delayed cord clamping (or milking of the cord).
- I would like to breastfeed my baby within the first hour of birth.
- Please assist me in breastfeeding.
- I would like to participate in the "Golden Hour" after delivery, which means I desire private bonding time with my baby for the first hour after delivery.
- I would like to keep my placenta after delivery. (I understand it will not be available for two days, and I will need to sign a release.)
- I would like to see my baby before eye ointment is given.

In the case of a cesarean delivery:

- I would like the following person to be with me: _____
- I would like to try skin-to-skin contact in the operating room.
- I would like to hold my baby in the operating room.

Baby care plan:

I would like to:

- Breastfeed exclusively
- Combine breastfeeding and bottle feeding
- Bottle feed

It is OK to offer my baby:

- A pacifier
- Sugar water
- Formula
- None of these

Nursery or rooming in:

- I would like my baby in my room at all times.
- I would like my baby to go to nursery when I want to rest.
- I would like my baby boy circumcised at the hospital.