

My Birth Plan

Your birth plan is a way to share your decisions and hopes with your care team to use as a guide during labor and delivery. To better assist us to meet your needs, please review the birth plan below and give it to your provider during an appointment or to your nurse on admission to the labor suite.

Please understand that it is our goal to meet your needs; however, your birth plan may need to be modified as circumstances arise affecting you and your baby's health. Your care team will inform you of these circumstances. Birth plan options may be modified based on facility. Contact your obstetrics provider to find out what is available at your location.

My support

Ask your health care team who is allowed to be with you during labor and delivery.

Fill in names: _____ will accompany me to be my support during labor and delivery.

Comfort care

Pain Management

- Offer me options for pain relief when I look uncomfortable. (Ask your health care team about options offered like nitrous oxide, water birth, IV narcotics or more.)
- Only offer medications if I request them. (Options may vary based on facility.)
- I know I will want medication or an epidural.
- I would like the opportunity to try my own non-medical, non-invasive pain relief methods.

In addition to our pain management options, I am willing to try:

- Guided relaxation/visualization/guided imagery/distraction.
- Positioning changes. (Every 30 minutes is recommended).
- Standing/walking as much as possible.
- Massage, massage lotion, hand massagers, tennis ball, rolling pin, etc. (If desired, ask care team or may bring own.)
- Acupressure or counter pressure.
- Water, shower, bathtub or whirlpool. (Depends on hospital location.)
- Hot and cold therapy, hot or ice packs. (If desired, ask care team or may bring own.)
- Aromatherapy. (May bring own).
- Marshfield Medical Center in Marshfield has aromatherapy patches per request.
- Therapeutic music. (If desired, ask care team or may bring own.)
- Dim lights.
- Other _____

NOTE: Candles with open flames are not allowed.



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For my comfort, I also would like the following during my labor:

- The room as quiet as possible.
- As few interruptions as possible.
- To wear my own clothes.
- My partner to be present the entire time.
- Minimal fetal monitoring. (Intermittent monitoring is allowed for low risk patients as safely indicated. Your care team can explain low and high risk).

Nutrition

Clear liquids during labor are allowed, including broths, water, ice chips, juice, popsicles, Jell-O and frozen icy-pops. Chewing gum and sucking on candy is permitted. If desired, ask your care team or may bring own.

Patients are not allowed to eat solid food during labor. In most cases, solid food can be given after vaginal delivery.

During delivery

I am interested in using the following equipment if available: Birthing ball Mirror Squatting bar

While pushing:

- I would like to push spontaneously.
- I would like coached or directed pushing.
- I would like to change positions while pushing.
- I would like warm compresses to my perineum.
- I would like to touch my baby's head.

After delivery

During the initial recovery period:

- My support person would like to cut the umbilical cord if possible.
- I prefer immediate skin to skin contact.
- I would like to hold baby immediately.
- I would like to breastfeed as soon as possible.
- I want to have baby cleaned before holding.

During my postpartum stay

Most exams and procedures can be performed on your infant in your room. We strongly encourage infants remain with their mothers for the majority of the hospital stay. At your request, your infant may be taken to the nursery for some newborn examinations, screens or testing. (Talk to your provider to learn more).

- I would like my baby boy to be circumcised while in the hospital (signed consent required).
- I would like my baby's newborn screen (lab draw) done in my room with me present.
- I would like my baby's newborn screen drawn in the newborn nursery.
- I would like my baby to have the Hepatitis B vaccine while in the hospital.
- I would allow a pacifier to be given to my baby for comfort.
- I plan to have my baby follow up with _____ at _____ for their pediatric care after discharge from the hospital.



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