

# WATSON CLINIC<sub>LLP</sub>

## Obstetrics & Gynecology

### Watson Clinic Birth Plan

A Birth Plan is a written outline of your preferences during labor and delivery. This does not guarantee that your labor and delivery will go according to that plan as unexpected things can happen. Your Watson Clinic physicians have trained their whole careers to provide you with a safe and evidence-based birth experience. Our ultimate goal is to see you through the birth process safely, and the best outcome possible is to have a **healthy baby** and a **healthy mom**.

My Name: \_\_\_\_\_ My OB/GYN: \_\_\_\_\_

Please fill this paper out and bring to review with your OB/GYN by your 37 week appointment. Anything indicated with a bullet (•) is informational. Please place checkmarks with your preferences with anything indicated with an open box (☐).

#### I would like the following people present at my delivery:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of a C-section, I understand that only one support person may join me in the OR, and I would prefer that to be \_\_\_\_\_

#### My delivery is planned as:

- Vaginal
- C-section
- VBAC (*vaginal birth after cesarean*)

#### I am having a:

- Boy
- Girl
- Surprise

Baby's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

#### Once I am admitted to the hospital for labor, I will have:

- An IV – this is necessary to keep me hydrated, for medication administration, and for the event of an emergency
- Routine blood work
- Continuous monitoring of the baby during labor and delivery

#### During labor I'd like:

- Music played (*I will provide*)
- The lights dimmed
- The room as quiet as possible
- As few interruptions as possible
- Hospital staff limited by my own doctor and nurses (*no students or residents present*)
- To wear my own gown

**During labor I will be able to:**

- Walk around the room if the baby can be monitored continuously and if cleared by my doctor
- Use a birthing ball or peanut ball (*hospital will provide*)

**At some point, labor interventions may become necessary to allow my labor to progress. This may include any or any combination of the following:**

- Cervidil (*dinoprostone, placed vaginally*)
- Cytotec (*misoprostol, given orally*)
- Cervical balloon
- Pitocin (*oxytocin, given via IV*)
- Artificial rupture of membranes (*breaking water*)

**For pain relief, I would prefer:**

- Nothing to be offered unless I specifically request it
- IV pain medication (*cannot be used when delivery is imminent due to effects on baby's respiratory drive*)
- Nitrous oxide
- Epidural
- Open to suggestions

During my labor, progress will be monitored with cervical exams.

During labor, a C-section may become necessary for any number of reasons, including but not limited to: if my cervix stops dilating, if my baby is not tolerating labor, or if I am pushing and my baby does not descend into the birth canal.

**During delivery:**

- I will deliver my baby in the birthing bed
- Handlebars and stirrups are available to support pushing efforts
- Mirrors are available if requested
- Photography and video are allowed only after the baby is born

**I would prefer:**

- To avoid episiotomy unless necessary for the health of my baby

A vacuum delivery may be suggested by your doctor, and the indication for which will be discussed as needed.

**Immediately after delivery:**

- Cord clamping will be delayed a minimum of 30 seconds if the baby is doing ok
- I will be given Pitocin to prevent excessive bleeding after delivery of the placenta

**After delivery, I would like:**

- My partner to cut the umbilical cord
- The baby to be placed on my chest after delivery (*skin-to-skin*)
- The baby to be cleaned and swaddled after delivery
- To bank the umbilical cord blood (*I understand I need to arrange this on my own prior to admission*)

After delivery, the baby will be weighed, measured, and vital signs taken within the first hour.

My baby will also receive the vitamin K shot to prevent bleeding and antibiotic eye ointment to prevent infection. If I opt out of this, I will have to sign a refusal form at the hospital.

The hepatitis B vaccine is administered to the baby before discharge from the hospital. You will be seen by the pediatrician before this is done, so you may direct any questions to the pediatrician.

**Baby's first bath will be delayed 8 hours after birth. I would like:**

- To participate
- Not to participate

**I plan to:**

- Breastfeed
  - Formula feed
  - Both breast and bottle feed
- Lactation consultant services are available in the hospital.

At the hospital, baby will room in with me. The baby may need to go to the NICU for close monitoring depending upon gestational age, birth weight, or for other medical procedures.

**If we have a boy:**

- I would like a circumcision performed before discharge from the hospital
  - I do not want my baby circumcised
- I understand that this procedure is performed in a sterile area without viewing.

After a vaginal delivery, I will stay in the hospital for 24 to 48 hours.

If I am GBS positive, I will plan to be in the hospital for 48 hours after delivery.

After a C-section delivery, I will stay in the hospital for 48 to 72 hours.

- I understand all that has been explained in this birth plan and have had the opportunity to ask questions.
- I understand that any requests outside of that listed above must be discussed with my primary obstetrician and my delivering obstetrician and may not be honored if they are not evidence-based.
- I decline to participate in this Birth Plan.

Patient Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date Reviewed \_\_\_\_\_