

Our Family Birth Preferences

Full name: _____
 I would like my nurse and doctor to call me _____
 Father of Baby: _____ will be present will not be present
 Other support or birthing coach: _____
 Baby's name (s) if decided _____

At MUSC we are fully committed to having everyone present that will help make your birth experience feel safe and supported. Our visitor policy on labor and delivery is flexible. The list below is to aid your labor nurse, but you can add additional people at any time.

Family members or friends I would like present:

Name	Relationship
_____	_____
_____	_____
_____	_____

Labor

Our philosophy of labor at MUSC is to allow labor to proceed as naturally as possible with the minimum amount of interventions. We base all of our practice guidelines on the latest medical evidence to ensure a safe labor for you and for your baby. No intervention will be suggested to you without a full explanation of why it is being recommended. Many patients we care for at MUSC have high risk pregnancies and therefore may require more interventions. This labor plan is meant to help you think about some of the decisions you will have to make in labor and what your options are. Even if you check a box ahead of time, we realize that your opinions may change in labor. You do not have to consider this birth plan like a contract – you can change your mind at any time. Your labor nurse will use this labor plan as a guideline but will review everything with you during labor. You should not have to use a birthing plan that asks us to minimize unnecessary procedures, to minimize vaginal exams or to knock before entering your room. We will make a commitment to you to do those things without asking. We do not believe in performing any unnecessary interventions. We will always respect your wishes whenever medically possible.

The Room

Having a comfortable and peaceful room is likely to make you feel more relaxed during labor. There is easy listening music available in all the labor rooms if you don't have your own music to bring. Below is a list of some things other women have found helpful when they are packing a labor survival kit. If you decide to wear your own clothes – you should understand that they may be stained with blood during your delivery. Please wear loose fitting clothes and do not wear a bra during labor.

General Comfort

- Battery operated radio, iPod, CD player etc to play music during labor
 - Hair bands to hold back your hair when you are pushing
 - Socks to protect your feet when you walk around your room
 - Popsicles
 - A battery operated personal fan
 - Clear liquids that I like to drink such as Gatorade, soda, water, sweet tea, etc. in a sports bottle
 - Lip Balm
 - Your own pillow
- In addition – there are some things that we can do to make your environment more comfortable

Lighting

- I prefer for the lights to be kept dim at all times except as needed for medical reasons
- I prefer the room lights to be on so I can see my visitors and stay awake

TV

- I prefer not to watch TV during labor
- I would like the option of watching TV during labor

Labor Aids

- Sitting in a rocking chair during labor sounds relaxing

	<input type="checkbox"/> I would like to try using a birthing ball. <input type="checkbox"/> I prefer to remain in bed and do not want to sit or rock <p style="text-align: center;">Temperature</p> <input type="checkbox"/> I've been hot all pregnancy – keep it cool! (Room temperature may need to be increased right before delivery so the baby doesn't get cold). <input type="checkbox"/> I tend to get chilly – keep it warm! <p style="text-align: center;">Clothes</p> <input type="checkbox"/> I want to wear my own clothes in labor (please wear loose fitting clothes without a bra) <input type="checkbox"/> I want to wear a hospital gown since it may get messy
<p style="text-align: center;">Pain Control</p> <p>There are several options for pain control. One is pain control methods that involve visualization and breathing exercises. Others involve different kinds of medication.</p> <p>IV pain medications are similar to morphine (narcotics) that are used to take the edge off your pain. They often will not completely remove all pain, but will help you feel more relaxed. All medicines that you take will cross over the placenta and also make the baby a bit sleepy. For this reason we try not to give too much IV pain medicine right before you deliver or if we are worried about your baby. If you have IV pain medicine in early labor it should have worn off before your baby is born.</p> <p>Epidural analgesia takes away the sharp pains of contractions, but you will often still feel pelvic pressure. Epidural analgesia is the most effective form of pain control in labor and is chosen by most women delivering at MUSC (85 to 90%). If you think you would like an epidural, please let your nurse know so that our anesthesia team can discuss it with you. Once you have an epidural you can no longer get out of bed until after delivery since your legs will be weak. In some women epidural analgesia may also weaken uterine contractions. If your contractions weaken after epidural analgesia we may recommend medicine (Pitocin) to strengthen your contractions. Because an epidural may cause a brief drop in your blood pressure you will be monitored closely. In about 5-10% of cases epidural may not provide you with complete pain relief. If this occurs our anesthesia team will work with you to get you comfortable.</p> <p style="text-align: center;">Intravenous Access</p> <p>We recommend intravenous access for all deliveries at MUSC. This is because treatment for emergency bleeding or other conditions can be delayed if no IV is present. If you do not need to be given fluids or antibiotics during labor, then the IV can be disconnected unless needed. Your IV can be removed within several hours of delivery.</p>	<p style="text-align: center;">General Pain Control</p> <input type="checkbox"/> I do not want any pain medications offered to me for any reason during labor (unless I have to have a cesarean delivery). Please do not offer unless I ask. <input type="checkbox"/> Please allow me to vocalize as desired during labor without comment <p style="text-align: center;">IV pain medications</p> <input type="checkbox"/> I would like only IV pain medications during labor <input type="checkbox"/> I would like IV pain medications until I can get my epidural <input type="checkbox"/> I would like to avoid IV pain medications until I can get my epidural <p style="text-align: center;">Epidural Analgesia</p> <input type="checkbox"/> I would like an epidural as soon as I feel pain. I understand that early epidural will mean that I will probably need Pitocin. <input type="checkbox"/> I would like to hold off on epidural by using IV medication until I am in active labor (3-4 centimeters dilated). <input type="checkbox"/> I'm not sure if I want an epidural or not. I want to see how it goes and talk with my nurse and doctor during labor. <input type="checkbox"/> I do not want an epidural. I will let you know if I change my mind. <input type="checkbox"/> If I have an epidural I understand I may not be able to urinate on my own. I would like to <ul style="list-style-type: none"> <input type="checkbox"/> Try to use a bedpan <input type="checkbox"/> Have intermittent catheterization (small tube is put into bladder to drain urine)
	<p style="text-align: center;">Intravenous Access</p> <input type="checkbox"/> I would like my IV disconnected (heplock) unless I need to get medications in labor. <input type="checkbox"/> I would like my IV connected to give me extra fluids during labor.

Fetal Monitoring

Fetal monitoring during labor does not need to be continuous unless you have a high risk condition. At minimum, we would like to check in on your baby every 15 to 30 minutes.

If you have a high risk pregnancy because you have high blood pressure, diabetes, a small baby or some other high risk condition, we recommend continuous monitoring. In the majority of cases, we can monitor your baby's heart using a monitor that sits on the outside of your abdomen. In some cases, we may suggest an internal monitor that picks up your baby's heartbeat directly through the scalp. This kind of monitoring is only suggested if we are having trouble monitoring the baby's heart beat from the outside. If we place this kind of monitor we can remove the stretchy belt that we were using for the external monitor from around your abdomen. The risks of an internal monitor are low, but the baby's skin is opened so we don't use internal monitors if the risk of fetal infection is high. For example, we wouldn't use an internal monitor if you had HIV, but it is OK to use an internal monitor if you are a GBS carrier receiving antibiotics.

Fetal Monitoring

I would like intermittent fetal monitoring if my pregnancy is considered low risk.

I would like continuous fetal monitoring even if my pregnancy is low risk.

Labor Interventions

There are some things the doctors and/or nurses may do in labor that it's better to have explained while you are not in labor. We do not perform these interventions frequently but, just in case, it's helpful if you have learned about them in advance. If they are recommended to you, your doctor and/or nurse will explain them again at the time. Two labor interventions are discussed below.

If you are in active labor (contracting regularly) we will sometimes suggest breaking the bag of water. This is because releasing the amniotic fluid from around the baby speeds labor. It doesn't hurt you to do this; it feels about the same as any vaginal exam.

If your labor is not progressing as we expect, the doctor may suggest an intrauterine pressure catheter (IUPC). An IUPC will let us know how strong your contractions are and help us know if we need to use more medicine to strengthen your contractions to help prevent a cesarean. Another reason we may place an intrauterine pressure is to add back fluid to cushion the umbilical cord if your baby is having repetitive drops in heart rate (decelerations).

Breaking the bag of water (Amniotomy)

Please release my amniotic fluid as soon as it is safe. I would like a more rapid labor.

I would like to discuss the decision with my doctor prior to releasing my amniotic fluid. My concerns are:

Intrauterine Pressure Catheters (IUPC)

I do not want an intrauterine pressure catheter. I understand that this may increase my chance of having a cesarean in some situations.

Delivery

At delivery we will work with you to honor your requests unless your baby is in distress and needs immediate urgent care. Additional personnel may enter your room while you are pushing including:

- 1) additional nursing staff to help care for your baby
- 2) pediatric staff to care for your baby. Your primary nurse will introduce and/or identify anyone who

General Options

I would like to use a mirror to watch while I am pushing

I do not want to be offered a mirror.

I would like to try to push using the birthing bar.

I would like to try various pushing positions if the traditional one does not seem to be working (ie hands and knees, side).

* Various pushing positions may not be possible if you have an epidural.*

enters your room.

Episiotomy is a small cut that is made to aid in the delivery of your baby. It used to be thought that an episiotomy was helpful. Now we believe that cutting an episiotomy increases the chance for a serious tear. Our policy at MUSC is not to perform an episiotomy unless your baby is in distress or rarely for other reasons.

Generally we only perform assisted delivery if there is a very good reason. The reason we try to avoid assisted delivery is that it may increase your chances of tearing. Reasons would include: your baby's heart rate is low, you cannot push on your own for a medical reason, or you are too exhausted to push well. If these situations occur you have the option of an assisted delivery or a cesarean delivery unless there is not time for a cesarean delivery.

- I would like to push using the stirrups.
- I would like to push without using the stirrups.
- I would like the opportunity to touch my baby's head as he/she crowns.

- I would like _____ to cut the umbilical cord.
- I would like the doctor to cut the umbilical cord.
- I would like delayed umbilical cord clamping if my baby is doing well.
- Please show me the placenta after it has delivered.

- I would like the baby placed on my chest immediately following birth
- I would like the baby taken to the warmer at delivery to be cleaned up first.
- I would like to breastfeed as soon as possible after birth.

- I would like to have friends or family members take pictures of the birth.

Episiotomy

- I will bring vegetable oil, glycerine, or other lubricant for perineal massage during labor
- I would appreciate guidance in when to push and when to stop pushing so the perineum can stretch.

Forceps/Vacuum Assisted Delivery

- I would like an assisted vaginal delivery instead of a cesarean delivery.
- I do not want an assisted vaginal delivery. If there is time I prefer a cesarean delivery.

Cesarean Delivery

Sometimes cesarean delivery becomes necessary although we do everything we can to prevent it. If this occurs, most of the time you will be awake but be numb from the waist down. You should feel touching and pressure, but no pain. We will do everything we can to show you your baby before they are seen by the neonatal team. If there is an emergency you may have to go to sleep (general anesthesia) for your cesarean. If you are awake, you have a choice of one person who may sit with you in the operating room.

When your skin incision is closed after cesarean there are two possible methods. One is to use absorbable stitches that do not need to be removed. Another is to use staples that are removed before you leave the hospital. There are a couple of differences that you should know about. If you have staples your surgery will be about 10 minutes shorter. If the staples are taken out on the second or third post operative day – scars from either staples or suture look equally good. Some studies suggest that women who have staples have less pain at 6 weeks after their operation. This may be because the staples come out, while the stitches stay in your

Cesarean Delivery

- If I have a cesarean I would like _____ to be with me during the surgery.
- I don't want to hear the surgeons talking. I will bring my iPod or other music source and headphones with me.
- I want to hear from the surgeons what is going on during the surgery as it is being performed.

Skin Closure

If I end up having a cesarean I would like

- Staples
- Stitches
- I have no preference and will discuss this with my doctor.

body. Some women are anxious about having the staples removed, but it isn't as bad as you might imagine. It feels about like taking a pierced earring out of your ear. It is your choice whether to have staples or stitches.

After Delivery of the Baby

Unless your baby is born premature or has a serious problem it is our philosophy at MUSC that your baby should be with you after he or she is born. All of the initial evaluation, cleaning and warming is done in the labor room. Usually the nursing staff will place ointment in your baby's eyes to prevent an eye infection at this time. A shot of vitamin K is also given to prevent bleeding. Footprints of your baby are taken and your baby is weighed. Formal photographs, measurements and a full bath usually will not occur immediately.

After Delivery of the Baby

- Unless the baby is floppy at birth and needs help, I would like the baby placed directly onto my chest.
- I would like the baby to be cleaned up and evaluated before I hold him or her.
- I would like to hold the baby while I deliver the placenta and any tissue repairs are made.
- I plan to breastfeed the baby and would like to begin nursing shortly after birth
- Please do not give my baby a supplemental bottle unless it is medically necessary.
- I would like to delay the eye medication for the baby until a couple hours after birth.
- I would like to bank umbilical cord blood and have made arrangements to do so.

Please let us know other things that are important to you that we may have missed. We look forward to helping you achieve your birth plan to the fullest extent possible.

This birth plan has been reviewed by my attending physician
_____ physician signature
_____ date