

PATIENT NAME

When it comes to giving birth your way, putting it in writing can help. A Birth Plan is an optional wish list that allows you to outline your goals, hopes, indicate any concerns and tell us your preferences for when the time comes to labor and give birth. It's a way to keep all your birth day care providers informed about what is most important to you.

A birth plan, or wish list, is a communication tool summarizing your "birth day" preferences. It is important to understand there is more than one way to do things, and every birth is unique and can be unpredictable. Try to remain flexible, positive, realistic, and limit it to what matters most to you.

Birth day WISH LIST

WakeMed 
Women's

WakeMed supports your wishes and desires when it comes to welcoming a new baby, and have created this wish list format to capture this important information. It is our ultimate goal for both mom and baby to emerge happy and healthy after each and every birth.

We are here to answer any questions you may have about the labor and birth process.

getting started

We recommend:

- Take childbirth preparation classes. For a list of classes offered at WakeMed, visit www.wakemed.org and click on Classes & Events > Childbirth & Family.
- Read reputable books and/or websites about labor and birth
- Spend time reflecting on your own preferences and discuss your thoughts with your support person/team.
- Share your draft with your health care provider at your next appointment and discuss it with them.
- Revise your "Birth Day Wish List" as needed.
- Pack several copies in your hospital bag and bring to the hospital when it's time to deliver. Snap a photo, too in case you misplace or forget your paper copies.

Birth day WISH LIST

about you

PATIENT NAME

BABY'S ESTIMATED BIRTH DATE

BEST WAY TO CONTACT YOU AFTER YOU GO HOME (PHONE/EMAIL)

YOUR DOCTOR(S)

BABY'S NAME (IF DECIDED)

PEDIATRICIAN: (CONTACT PEDIATRICIAN AHEAD OF TIME TO VERIFY IF THEY ARE ACCEPTING NEW PATIENTS)

MAIN SUPPORT PERSON'S NAME

RELATIONSHIP TO YOU

IMPORTANT PEOPLE (OTHER THAN MAIN SUPPORT PERSON) YOU WOULD LIKE TO BE PRESENT DURING YOUR BABY'S BIRTH.
(See visitation policy)

DOULA: (IF APPLICABLE PLEASE PROVIDE YOUR DOULA'S NAME)

NOTE: Doulas are welcomed, but they count as a support person as outlined in the visitation policy.

What can we do to help you reach your "birth day" goals? List your top three desires for this birth.

1. _____

2. _____

3. _____

Breast / Chest / Body Feeding Pumping Bottle Feeding

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life. Beyond 6 months, breastfeeding should be maintained along with nutritious complementary foods as long as mutually desired by mother and child for 2 years and beyond.

pain medication/anesthesia

Pain is an individual experience. The discomforts of labor and birth vary from woman to woman. We are here to help you effectively cope with these discomforts through the use of coping mechanisms such as movement, massage, position changes, breathing techniques and relaxation. When well-supported and continuously encouraged, many women are able to give birth with few, if any, medications.

Should medications be requested, you and your health care provider can discuss available options to reduce your discomfort. Keep in mind, pain medications can ease discomfort, but they are not designed to eliminate all sensations.

Throughout labor, you will be asked about your level of pain. We use a 0-10 scale with "0" being no pain and "10" being the very worst pain you can imagine. We encourage you to think about your pain tolerance level and use all available coping and comfort measures throughout labor and birth to help you to have a more satisfying birthing experience.

"P.A.I.N." is...

Purposeful – alerts and causes labor progress

Anticipated – we expect some pain in labor

Intermittent – it comes and goes, giving you a break

Normal – nothing is more normal than labor pain

standards of care

WakeMed providers practice an evidence-based Standard of Care. We respect every family's preferences for your birth and postpartum experience and will do our best to accommodate your desires. The Standard of Care, as long as birthing parent and baby are doing well includes:

- Delayed cord clamping (approximately 1-2 minutes)
- Skin-to-skin (with birthing person or support person)
- Golden hour (delayed assessment and measurements for the first hour after birth)

wish list for labor

(Check your wishes)

Labor Induction/Augmentation

If I go past my estimated due date and there are no health risks for me or my baby, I would prefer:

- Not to be induced
- To be induced

So that we may better serve you, please indicate your preferences.

Pain Management/Anesthesia

Remember you can change your mind at any point throughout labor.

- I prefer to labor and give birth without pain medication.
- I am aware of pain medications available. I will ask if I would like medication for pain.
- Please do not offer me pain medications.
- I am interested in nitrous oxide.
- I am interested in IV pain medications.
- I would like an epidural as a pain relief option. Keep in mind, getting an epidural requires a team effort that takes 60-90 minutes to accomplish. We strongly encourage you to learn, practice and use all available coping and comfort measures while we work to place your epidural.
- I prefer nitrous oxide.

first stage labor (0-10 cm dilated)

I prefer...

Lighting: Dim Bright Open curtains

Television: On Off

Quiet: During contractions All the time

- Music (bring your own music & player)
- Aromatherapy/essential oils (bring your own; no lit candles in the hospital)
- To wear a hospital provided gown
- To wear my own clothes
- Encouragement/positive reinforcement
- Massage/touch
- Movement/Position changes
- Shower
- Tub (Not available in all birthing rooms)
- Heat/Cold therapy
- Guided imagery/visualization
- Breathing patterns
- Relaxation/meditation
- Birthing ball (round)
- Peanut Ball
- Other: _____

The following are my preferences (I understand these items are subject to approval by my health care provider according to the safety of me and my baby.)

- I prefer no IV unless absolutely necessary.
- If I need an IV, I would like to use a saline lock. A saline lock is a port that allows immediate access to the vein for IV fluids and/or medications if needed. The advantage is that you don't have to be continuously connected to the tubing and IV bag with the pole.
- Intermittent (off and on) fetal monitoring if the baby is not in distress.
- Continuous fetal monitoring. I understand this may limit some mobility.

second stage labor (pushing) ~ I would like . . .

- A mirror present (to help with pushing and to view birth)
- To touch the baby's head as it crowns
- My coach or designated person to support my legs when I push
- To use a squat bar during pushing
- To try different positions during pushing
- To delay pushing until I feel the urge, even if I am fully dilated (Labor down)
- Counting to help me push
- No counting to help me push
- Other: _____

cesarean birth

In the operating room, I prefer:

- Clear drape for viewing the baby at birth
- I do not wish to view the birth – opaque drape at all times (keep clear panel closed)
- Delayed cord clamping, when possible
- Support person would like to “trim” the umbilical cord, if possible
- Music
- White noise
- Quiet
- Narrate what's happening
- Photography, when possible

after birth

- My baby's sex is a surprise! I would like _____ to announce baby's sex at birth.
- To have my baby placed skin-to-skin immediately and to remain there long as baby is not having difficulty adjusting.
- To have the baby dried and swaddled, by the nurse, before being brought to me.
- To have _____ cut the cord.
- To allow the cord to stop pulsating before clamping and/or cutting.
- To bank the baby's umbilical cord blood (bring your own collection kit from a cord blood banking company)
- Breastfeeding as soon as possible
- Golden hour (minimal disruption for the first hour after birth)
- I would like to donate my placenta
- Other: _____

PACU / after baby is born via cesarean

- Baby skin-to-skin (with birthing person or support person)
- Swaddled and held by birthing person
- Swaddled and held by support person
- Help with breastfeeding, hand expression, or initiating pumping as soon as possible

special care

If baby needs to be separated from parent or transferred (special care needs), I prefer:

- To remain with baby when possible
- The primary support person remains with:
 - birthing person
 - baby

newborn care

WakeMed offers family-centered care that creates an environment to foster a relationship between mom, baby and family. As part of our family-centered approach, we encourage rooming-in, where your baby is kept in the room with you, rather than the nursery. This is special time for you to get to know your newborn and learn how to care for him/her and for yourself, and is especially helpful for those who are breastfeeding. If you should need our newborn nursery, it is available to you at any time during your stay.