

# Pullman Regional Hospital Birth Preferences/Birth Plan

#### **PULLMAN REGIONAL HOSPITAL**

Name	:	Doctor:					
Partner:		Doula:					
Due Date:		Coach:					
<u>First s</u>	tage : Early labor to 10 centimeters						
Gener	ral information:						
0	Come to hospital early in labor (this is	s only recommended if medically indicated)					
0							
0							
0							
0	and the second s						
0	Visitors are welcome until I begin pushing						
0	Visitors are welcome throughout my labor						
0	I prefer an IV be placed upon arrival						
0	I prefer the IV be placed when I ask for pain medication						
0	No IV						
0	I would like food of my choosing when possible. I understand some medical						
	interventions may reduce my choices						
0	Other						
If I ne	ed an induction for labor or augmentat	ion of labor:					
0	I prefer to avoid an induction but will	have one when and if medically necessary					
0	Other						

# Fetal and uterine monitoring:

- o My preference is to have minimal monitoring
- o I would like to use the *Doppler or Intermittent* external fetal/uterine monitoring when needed (currently recommended for low risk pregnancy)
- I would like continuous fetal/uterine monitoring (currently recommended for high risk pregnancy and or in the case of certain medications used in labor)
- o Internal monitoring devices (current recommendations, only when medically necessary)

The comfort and pain relief measures I will be using are:

- o My partner/family will be my main support
- My Doula will help with pain/comfort relief
- o I would like suggestions and guidance from the nurses
- o I need minimal help and suggestions from the nurses
- o I am planning on a natural delivery without the aid of medications
- o I am planning on using medications and or epidural for pain relief
  - o I have been educated on the risks/benefits of an epidural
  - I have not had education on the risks/benefits of an epidural before admission to hospital
  - o I would like further education on the risks/benefits of an epidural
- o I prefer a narcotic injection for pain relief
- When deciding on medication for pain relief, I would appreciate some private time with my partner to discuss which pain control method I would like to use
- o I will be flexible and wait and see what happens as labor progresses

To help me relax during my labor I may use any of the following:

Quiet atmosphere	Labor ball	Jacuzzi tub
Music	Shower	Music
Massage	Breathing techniques	Dim lights
Minimal distractions	Humming/vocalization	Resting in bed
Walking/movement	Other	

### Second stage: birth of baby

### For a vaginal birth:

- o I prefer to use a reclined position
- I prefer to use alternate positions such as on my side, hands and knees, kneeling, or squatting
- o I would like to use the squatting bar
- o I would like to have a mirror to view the birth
- I would like to have help for leg support
- o I would like to push as I feel the urge, undirected by medical staff
- I prefer directed pushing by the medical staff
- o I would like to use delivery methods directed by medical staff
- I would like to touch the baby's head when it crowns
- o Father of baby to cut the cord
- o Physician or nurses to cut the cord
- I would like my baby placed skin to skin right after birth unless there is a medical complication

- I prefer my baby be placed directly on the radiant warmer and dried before held by me or my family
- I would like the following people present in the room during the birth of my baby
- o Please, <u>no visitors</u> in for the birth

#### For a Cesarean birth:

- My partner will come with me to the operating room
- o A designated family member will come to the operating room with me
- o My partner will go with the baby to the nursery after the birth
- My partner will remain with me after the birth and a designated family member will be with the baby in the nursery
- I would like my baby brought to me in the recovery room for breastfeeding and bonding
- o I would like my baby to remain in the nursery until I am back to my room so I can bond with my baby before extended family and friends
- I would like my baby to go to my room while I am in recovery and bond with extended family and friends
- o I would like the baby bathed before coming to me
- o Please save the bath until I can be present

## **Baby**

- o I would like to hold my baby skin to skin as soon as possible after birth
- o I would like to breastfeed my baby within the first hour after birth
- o I prefer infant medications and weight be held for the first hour
- o I prefer infant medications be given and weight done immediately after birth
- o I would like to participate in the first bath
- o I prefer the nurses give the first bath and I will watch
- o Baby will be rooming in with me
- Baby will be breastfeeding, please no formula or artificial nipples unless medically indicated
- I will be formula feeding
- o I need assistance on how much formula my baby will be needing at each feeding session
- My baby will be receiving the Hepatitis B immunization while in hospital
- My baby will not be receiving the Hepatitis B immunization while in hospital; I will have it administered in the clinic setting.

Other:			