

Birth Vision in a Hospital Setting

Pregnancy, labor and birth are full of mystery, and this is part of its beauty. This mystery allows you to find new strength and master the skill of surrender; to find acceptance and learn patience, to go deeply inside and explore the sensations. You cannot control your body, you cannot control your baby, you cannot control those around, but you can set *intentions*. You can gather information and set the stage for what you envision, and learn to find, focus and manifest the positive in every situation. You can learn how to process fear and how to let it go.

It is important to put your energy into what you would like to manifest rather than what you fear. It is easy to get stuck on fear because we are surrounded by it. Rather, if you put energy into what you envision, it often comes your way! This does not mean ignoring fears, in fact quite the opposite. If fears come up, please, do not ignore them! Instead talk about them with someone who can hear you, process them and find resolve; and then let yourself move on, stronger and ready.

Part of the process of preparing for childbirth and parenting is also learning to trust. You already know what to do and how to manage a situation, even if you don't know it. Listen to yourself when you recognize something as normal, trust that you will know how to cope with less ideal circumstances.

This document is intended to help sort through ideas and visions for how you may like your labor and birth to proceed in a hospital setting under ideal circumstances. It is to bring awareness to typical controversial topics that you may like discuss with your care provider, or reveal areas where you may like to pursue further knowledge. Because hospitals deal with large numbers of women who are all very different people in different circumstances, it is almost impossible for them to know you well. Protocols help them manage this high volume of people, ensuring the safety of the majority. But since these protocols are not catered to you individually, they may not be right for you. This document has been created to facilitate personalizing your needs and finding ways to work in the system.

If you know how the system works, the childbirth process can be empowering as you unmask the options and find what is best suited for you. It may be the standard protocol, it may not be. Protocols are intricate, and you have the right to ask questions, respond, accept or decline. This is your body and your baby.

It is important to *talk* with your caregiver about your preferences, however *please do not bring this document to your doctor or midwife*. Instead, bring a "birth plan." There are guidelines on the last page for how to create a "birth plan."

I give this document out hesitantly, as sometime information compressed into one document can spur unnecessary fear. If you are the type of person who let's your mind wander and the worst-case scenarios begin to circle through your mind, *do not read this document - it will NOT serve you*. I give this document out because many parents want to understand the system in which they are birthing and find it helpful to know and prepare for controversial care giving practices.

Please Note

- ☐ I have tested positive for Group Beta Streptococcus (GBS).
- ☐ My blood type is Rh negative.
- ☐ I have gestational diabetes.
- ☐ I am diabetic.
- ☐ I am hard of hearing.
- ☐ My vision is impaired.
- ☐ I would like to wear contact lenses or glasses at all times.
- ☐ I am a survivor of sexual assault and/or sexual abuse and believe this may have an effect on my laboring and birthing experience.
- ☐ I have allergies:
- ☐ Other:

Going to the Hospital

- ☐ I'd like to labor at home as long as possible before going to the hospital.
- ☐ I'd like to go to the hospital as soon as the hospital will admit me.
- ☐ If my bag of waters open, I plan to remain at home, resting quietly, until I have regular contractions or develop a fever.

Arriving at the Hospital

- ☐ I prefer to wear my own clothes, rather than a hospital gown.
- ☐ Please do not administer a routine IV. I will sign necessary documents.
- ☐ I prefer intermittent fetal heart monitoring, and request the use of the telemetry unit (wireless).

Labor

- ☐ I should not be separated from those with me or our doula unless I make the request.
- ☐ I expect doctors and hospital staff to discuss all procedures with me before they are performed.
- ☐ I prefer to have nurses who are supportive of natural childbirth.
- ☐ Please limit the number of vaginal exams to those medically indicated, especially if my waters have opened.
- ☐ I would like to avoid all antibiotics, even if I'm Group Strep B positive.
- ☐ I would like to be free to walk, change positions and use the bathroom as desired.
- ☐ I prefer to eat and drink throughout labor, as desired.
- ☐ I will remain hydrated by drinking fluids (water with electrolytes, juice, coconut water).
- ☐ I would like a quiet, soothing environment during labor, with dim lights and minimal interruptions.
- ☐ I would like to play my own music.
- ☐ Please allow me to vocalize as desired during labor and birth without comment or criticism.
- ☐ I wish to labor freely in a tub, even if my waters have opened.
- ☐ I would like to remain as covered as possible during labor and birth.
- ☐ I would like to clean up after myself, including changing my own bed pads.
- ☐ I plan to use scriptures or prayer to help me cope during labor.
- ☐ As long as the baby is doing well, I prefer that fetal heart tones be monitored intermittently with an external monitor or Doppler, even if the membranes have ruptured.
- ☐ If fetal distress is suspected and time permits, I would like confirmation of this with a fetal scalp blood sample before proceeding with other interventions.
- ☐ Please do not permit observers such as students or unnecessary staff into the room without my permission.
- ☐ I do not mind observation by students, interns, or staff.
- ☐ To preserve my privacy, I prefer that everyone knock before entering.
- ☐ Please do not ask me any pain scale questions.

Labor Induction/Augmentation

- ☐ If my pregnancy progresses past 40 weeks, I prefer to base the decision to induce on the results of the baby's biophysical profiles, not on my own personal discomfort or impatience.
- ☐ As long as the baby and I are healthy, I do not want to discuss induction prior to 42 weeks.
- ☐ I would like to avoid induction unless it is medically necessary, even if two weeks past the estimated due date.
- ☐ If induction or augmentation is necessary, I would like to attempt it first with alternate means such as nipple stimulation, sexual intercourse, acupuncture/acupressure, castor oil, etc; and secondarily with prostaglandin gel (Cervidil) or another means before Pitocin is administered.
- ☐ Under no circumstances whatsoever should I be given Cytotec (misoprostol).
- ☐ If induction or augmentation is attempted but fails, I would like to come back at another time rather than pursue further interventions (assuming my membranes are intact and that waiting presents no danger to the baby or myself).
- ☐ Please do not rupture my membranes artificially.

Anesthesia/Pain Medication/Other Medications

- ☐ Please do not offer anesthesia/analgesia (treatment to control pain) unless I ask for it.
- ☐ If I ask for pain relief, please feel free to offer non-medical choices for coping and/or remind me how close I am to the birth.
- ☐ My preference for pain management is to immerse myself in water.
- ☐ I would like to avoid all narcotics, if possible.
- ☐ I prefer an epidural to narcotic pain medication.
- ☐ If pain relief is considered, I would like to try a narcotic before an epidural.
- ☐ An epidural should only be offered to me if I am taking an augmenting drug (i.e. Pitocin).
- ☐ I would like to have an epidural or another form of pain medication as soon as permissible.
- ☐ I would like to have the epidural catheter (device without medication) placed upon admission.
- ☐ I would like the epidural to wear off slightly as I approach full dilation and the second stage.

Perineal Care

- ☐ I request that my doctor, nurse, or midwife massage my perineum with oil & hot compresses.
- ☐ I will bring my own olive oil, instead of using the standard mineral oil (petroleum based).
- ☐ To help my perineum stretch, please help guide my pushing efforts by letting me know when to push and when to slow down.
- ☐ I would rather tear than have an episiotomy.
- ☐ Please suture tears only if necessary. I am able to stay in bed for a week to allow for healing.

Birth

- ☐ Even if I am fully dilated, and assuming the baby is not in distress, I would like to wait until I feel the urge to push before being directed to push.
- ☐ My body knows instinctively how to birth my baby. I prefer to let the baby descend without any comment from the birth attendants. Please do not tell me how to push or not to push.
- ☐ My partner is working with me during labor and I will be focusing on his/her voice.
- ☐ I would like the freedom to let the baby descend in any position I like. Please do not discourage me away from the toilet, standing, or hands and knees.
- ☐ I would like the freedom to deliver in any position I like.
- ☐ I would appreciate help from _____ and staff supporting my legs as I push.
- ☐ I would like to have a mirror available and adjusted so I can see the baby's head.

- ☐ I would like the opportunity to touch my baby's head as it crowns.
- ☐ Under no circumstances should forceps or a vacuum be used – I'd rather have a C-section.
- ☐ I would like a soothing environment during the actual birth, with dim lights and quiet voices.
- ☐ I would like _____ to help catch the baby.
- ☐ I would like to help catch the baby.
- ☐ I would like to have the labor and/or birth recorded with photographs, videotape, and/or tape recording.
- ☐ Please explain everything that is being done and why.

Cesarean Section Delivery

- ☐ I feel very strongly that I would like to avoid a cesarean delivery.
- ☐ I would like to attempt a vaginal birth after cesarean (VBAC).
- ☐ If a Cesarean is in the realm of possibility, I expect to be fully informed of the scenario and actively participate in the decision-making.
- ☐ In the event a Cesarean section is necessary, _____ will accompany me (generally one person limit).
- ☐ In the event a Cesarean section is necessary, _____ will join me once my partner leaves with the baby.
- ☐ Please explain the surgery to me as it happens.
- ☐ I prefer to remain conscious through the delivery.
- ☐ I would like to have a respectful atmosphere without chatter during any part of the surgical procedure.
- ☐ Please do not strap my arms to the table during the procedure; I will sign any necessary documents.
- ☐ If conditions permit, I would like to be the first one to hold the baby after the delivery.
- ☐ If possible, I would like to breastfeed the baby immediately after the birth.
- ☐ If conditions permit, the baby should be given to _____ immediately after the birth.
- ☐ Please lower the screen just before delivery so I may see the birth of the baby.
- ☐ I would like to know if my doctor performs a double or single stitch repair after a cesarean.
- ☐ I would like to know my doctor/midwife's C-section rates for any reason (as an individual – not as a hospital).

After Birth

- ☐ Please place the baby on my stomach/chest immediately after birth.
- ☐ I would like to breastfeed the baby immediately.
- ☐ _____ would like the option to cut the cord.
- ☐ Please allow the umbilical cord to stop pulsating before it is clamped (approximately 5 min).
- ☐ I have made arrangements to bank the umbilical cord blood.
- ☐ I prefer to wait for spontaneous delivery of the placenta and do not want a routine injection of Pitocin.
- ☐ Please show me the placenta after it is delivered.
- ☐ I would like to take my placenta home.
- ☐ Please explain everything that is being done and why.

Newborn Care

- ☐ Once born, if conditions permit, please place the baby immediately on the bare skin of my chest/stomach.
- ☐ If possible, please evaluate the baby on my abdomen.
- ☐ I would like to hold the baby skin-to-skin during the first hours to bond and help regulate baby's body temperature.
- ☐ I would like to hold the baby through delivery of the placenta and any repair procedures.
- ☐ Please bathe the baby at my bedside – not in the well-baby nursery.
- ☐ I prefer to bathe the baby myself or at my discretion.
- ☐ Please delay eye medication for the baby until we are past the initial bonding period (1-2 hours after the birth).
- ☐ I would like to dress the baby.

- ☐ If available, I prefer erythromycin antibiotic eye treatment instead of silver nitrate.
- ☐ I would like to waive the administration of eye antibiotics, as I do not have Gonorrhea or Chlamydia, and will sign necessary documents.
- ☐ I prefer to have vitamin K administered orally and have brought a food-based oral vitamin K.
- ☐ I would like to waive the administration of routine vitamin K (unless circumcision is requested or external bruising is seen), and will sign necessary documents.
- ☐ I would like to waive the administration of routine Hepatitis B vaccine, and will sign necessary documents.
- ☐ I am not planning to have the baby circumcised.
- ☐ I prefer for my son to have local anesthetic before circumcision.
- ☐ I am planning a religious ceremony for the circumcision.
- ☐ I would like to defer the PKU screening.
- ☐ I would like to defer the following vaccinations:

Postpartum

- ☐ If available, I prefer a private room (and I am willing to pay extra for this).
- ☐ I prefer not to be catheterized until I have had private time to attempt to urinate on my own.
- ☐ I would like to shower before going to the postpartum room.
- ☐ I would like to have the baby room-in with me at all times.
- ☐ I would like my other children to have free visitation access.
- ☐ I would like to have quiet, uninterrupted time to heal and bond, especially at night.
- ☐ Assuming I feel up to it and the baby is healthy, I would like to be released from the hospital as soon as possible following the birth.

Breastfeeding

- ☐ I plan to breastfeed and want to nurse immediately following the birth.
- ☐ Please do not give the baby supplements (including formula or glucose water) without my consent. Our baby should be given no substance other than colostrum and breast milk. If the baby's blood sugar level is of concern, more frequent nursing will be encouraged and/or I will pump.
- ☐ Please do not give the baby a pacifier, rubber nipples, or a bottle.
- ☐ Please do not recommend a nipple shield.
- ☐ I would like to know more about breastfeeding from the nurse.
- ☐ I would like to meet with the staff lactation consultant.
- ☐ I do not plan to breastfeed.

Extra Consideration

- ☐ I would like permission for access to my chart and the baby's chart
- ☐ I have the following diet restrictions:
- ☐ My religious beliefs do not allow me to accept blood products.
- ☐ Please show respect for my religious and/or cultural beliefs, even if you do not believe in them.
- ☐ I am not comfortable with male care providers – please make every effort to ensure I have only female staff members caring for me.
- ☐ I have a strong fear of:
- ☐ Please have extra patience with me as I cope with my fears.
- ☐ Please let me cry and vocalize if I need to.
- ☐ Other:

Birth Plan Options

If you decide to turn your birth vision in to a formal birth plan and present it to your care provider, make sure it is short and to the point. The format can be in bullets or paragraphs, but keep the document under a page. It is rare for hospital staff to read a document longer than a page. You are welcome to pull from the list above to help prioritize the most important items you would like the medical support staff to know.

Of course you are welcome to add your own content.

Possible names for the plan:

- Birth Plan/Vision/Preferences
- Our/My Wishes For Childbirth
- Preferences For Labor & Birth
- Our Birth Choices

Be sure to include:

- Your full name
- Your caregiver's name
- Name of hospital/birth center
- Medical Record Number
- Estimated Due Date
- Names of support people to be present at hospital (partner, doula, family members)

Introduction *(sample)*

We are looking forward to sharing our birth experience with you. We have created this birth plan in order to outline some of our preferences for birth & would appreciate reviewing this plan with you. We understand there may be medical reasons in which our choices may not be possible, but we hope that you will help us move toward our goals to make this labor and birth a great experience. We do not want to replace the medical personnel, but instead be informed of any procedures in advance and to be allowed the chance to give informed consent.

Please feel free to ask if you have any questions or comments. Thank you.

Content

Add any preferences here. You are welcome to put any checked items from the Birth Vision handout.

Closing

At the end of the birth plan, add the statement, "I have read this plan and understand it" with a line underneath for your doctor/midwife to sign. When caregivers sign your birth plan, they are acknowledging – on the record – they have read and understand your requests. They do not have to sign and say, "I agree." If they are unwilling, you may decide to search for another care provider who will work with your labor and birth preferences.