## **BIRTH PLAN AND PREFERENCES**

Your Kelsey-Seybold OB/GYN believes every woman should be treated with respect for her individuality and personal preferences, including during labor and delivery. Thinking about your birth preferences and selecting them below opens a dialogue between you and your Kelsey-Seybold OB/GYN about labor and delivery. We want the birth of your baby to be as comfortable as possible for you, which is why we value your opinions and preferences about the birthing process.

My Kelsey-Seybold OB/GYN's name is \_\_\_\_

Selecting your preferences below is not a contract. You can change your mind at any time, even during delivery. Your Kelsey-Seybold OB/GYN will do their best to ensure your preferences are met, but since we can't predict what your baby's birth will be like, we can't promise all of your preferences will be appropriate for your baby's delivery and ask that you be prepared to adjust your birth preferences if it becomes medically necessary. Otherwise, our goal is to stay as true to your desired plan as possible.

My spouse/partner/labor support person's name is		
Labor		
• I'd like to request a translator or translation service to help communicate with my care team during labor and my stay at the hospital.		
O During labor, I'd like the lights dimmed to create a calm, intimate atmosphere.		
• I'd like for me and my baby to be monitored initially. If possible, I'd like intermittent monitoring. I understand this may change to continuing monitoring if medically necessary.		
<ul> <li>I would like support and options for pain management during my labor:</li> <li>Birthing balls and other natural pain relief techniques</li> <li>IV pain management</li> <li>Epidural</li> </ul>		
<ul> <li>I would like:</li> <li>An IV and fluids to support hydration</li> <li>Oral fluids if possible</li> </ul>		
<ul> <li>I would like my spouse/partner/labor support person to:</li> <li>Be present in the delivery room</li> <li>Be involved in the decision-making process during my labor</li> <li>Stay with me during and after the birthing process</li> </ul>		
O I prefer that no routine enema be given or shaving or bladder catheterization be done.		



## **Delivery**

Patient Name Printed

Delivery		
0	I would like my partner to:	
	Be in a supportive position throughout the delivery process	
	O Cut my baby's umbilical cord	
0	I'd like all procedures to be discussed with me; specifically, I want to participate in the discussion and decision for episiotomy, vacuum extraction, or forceps.	
0	If a cesarean section is needed, I want to discuss this and the options before me. I recognize that the circumstances of labor can be unpredictable and that the best intended plans may need to change. To the extent possible, I want these to be discussed with me and explained, even if quickly.	
0	I'd like the option to delay cord clamping until there has been sufficient time for the cord to cease pulsation, provided this doesn't compromise my care.	
0	I'd like my baby and I to have supportive bonding with early skin to skin, and all decisions for newborn therapy (vaccines or eye drops) to be discussed with me at the time.	
Postpartum Care for Mom and Baby		
0	I ask that all providers, at every level, introduce themselves and their role in my and my baby's care throughout my hospital stay.	
0	I'd like breastfeeding support.	
0	I'd like the pediatric provider to inform me of all testing and the necessity for it in the care of my newborn, including blood work and the need for newborn hearing screening.	
0	I'd like to be discharged as soon as possible provided it's safe for me and my baby.	
I'd like to include or omit these additional preferences below:		
Pa	tient Signature Date	