

Scripps Birth Plan

A birth plan is a written outline that lets your care team know what you would like to happen during labor and delivery for both you and your baby. We recommend you review your birth plan with your OB provider well before your delivery to discuss your wishes and answer any questions.

Birth Plan Basics

My Name: _____

Name of OBGYN Doctor/Midwife: _____

Name of Pediatrician (Baby Doctor): _____

I am working with a Doula: Yes No Name: _____ Supporting in Hospital: Yes No

People Present During Labor

I would like the following people with me during labor (check with hospital policy regarding how many people may be in room).

Name: _____ Relationship/Support Role: _____

Name: _____ Relationship/Support Role: _____

Name: _____ Relationship/Support Role: _____

Childbirth Preparation Classes/Methods:

Scripps Labor Scripps Breastfeeding Other: _____
 Hospital Tour _____

Special Considerations

- I have a fear of needles.
- Hospitals, doctors, or health settings make me feel very nervous and anxious.
- I have a history of prior sexual or physical assault.
- I have a history of birth trauma.
- I would like to talk in private with my nurse.

Pain Medication & Anesthesia Options

- I do NOT want to be offered pain medication, nor an epidural, unless I specifically ask for it.
- I *would* like pain medication and/or epidural. Please discuss options with me.
- I do not know whether I want pain medication and/or anesthesia. Please discuss options with me.

Labor Support Preferences

- Breathing techniques
- Help to move around, position changes and suggestions
- Use of labor tools (birth ball, peanut ball)
- Sensory techniques (lights, music, aromatherapy, hot/cold)
- Shower
- Massage/touch/pressure guidance
- Intermittent monitoring and/or wireless monitoring

Pushing & Delivery Preferences

- I plan to bank/donate my baby's umbilical cord blood (please bring a kit for private banking)
- Squat bar while pushing
- Mirror while pushing
- I would like to deliver in _____ position if possible
- I would like delayed cord clamping if possible
- I would like _____ to cut the umbilical cord if possible
- I plan to keep my placenta and have arranged for that and brought a cooler (hospital will provide ice)



The Golden Hour

At Scripps, our goal is that infants are given to their mothers for continuous skin to skin contact immediately after delivery for at least one hour and through the completion of the first feeding.

I would like more information about the "Golden Hour"

Please list any other special actions you want to take place when your baby is born:

Infant Feeding Plan

Scripps staff are trained to support mothers to initiate and maintain breastfeeding and manage common difficulties.

I would like to:

Breastfeed exclusively

Bottle feed with formula

Combine breastfeeding and formula feeding

Exclusively pump and/or bottle feed breast milk

I would like to see a lactation consultant while in the hospital

Other Feeding Notes/Questions:_____

Medications Given to Your Baby After Delivery

Your pediatrician will automatically order 3 medications for your baby- Hepatitis B vaccine, erythromycin antibiotic eye treatment, and Vitamin K injection. We will have you sign a consent for the Hepatitis B vaccine as this is optional to give after birth. However, Vitamin K injection and erythromycin eye ointment are recommended and therefore you will need to sign a declination if you choose to not receive these medications.

Circumcision

If my baby is a boy, I plan to have him circumcised Yes No

Special Considerations for Baby

Please let us know of any other special considerations you would like us to know when caring for your baby

Summary of Birth Plan

Please let us know if there is anything else that the hospital should know about you or your baby's birth. If there are certain expressions or words that you would like us to refrain from, please also share those here. We are so happy to have the opportunity to take care of both you and your baby during your stay!
