

CESAREAN BIRTH PLAN

Mothers Name:

Birth Partner/'s:

Doula:

Birthing Location:

Doctor:

Please inform me of any procedures prior to them taking place. I would like the attending physician to review my birth plan and notify _____ of our options before a C- Section is performed.

*I prefer to following person to be present as much as possible:

- Support Person
- Doula
- Partner

*I prefer to have EMLA cream used before attempting to insert the IV (left arm)

*I request that a catheter not be inserted until after anesthesia is administered

*I request that my partner not be separated from me at any time.

*I prefer to be kept informed as to what is taking place (conversation kept to a minimal)

*I request that my arm not be tied down unless I am unable to control them

*I do not wish to have tranquilizers, sedatives or amnesiac drugs be administered after the baby is delivered.

*I request a ***TRANSVERSE INCISION***

*I request that a **DOUBLE LAYER SUTURE** be used to close my uterus.

****I DO NOT want STAPLES*** (please use dissolvable stitches or tape)

*I prefer the baby to be placed on me:

- STILL WET immediately on my bare chest

- given to my birthing partner/doula

*I would prefer any deep suctioning to be performed with a mobile unit while I/my partner or a my bedside

*If the baby has hypoglycemia, I would like:

- Formula
- Sugar Water
- To give the baby Colostrum Only

*I do not consent to:

- Antibiotic eye cream
- Vitamin K
- Hepatitis B

*I prefer the baby to remain on my chest, in my arms, or in _____ arms throughout suturing, recover, etc.

*I would like my placenta to:

- Be discarded
- Taken Home
- No Preference

*I would like to Breastfeed:

- As soon as possible
- While in the recovery room
- To be taken to the Nursery

* I would like skin to skin:

- Right Away
- My Doula to hold the baby
- My Partner
- My support person

*I'd prefer to be present for all of babies treatments, and If unable, I prefer my _____ to be present.

*In the event of a sick baby I would like:

- My partner to be present for all procedures

- My Doula to be Present
- I would like to be present if possible.

*I'd prefer Duramorph for control of postpartum pain over the few hours.

*If given percocet or dervocet please give me a laxative

*I'd like catheter to be removed as soon as I can move again.

*I'd like to walk around as soon as possible.

*I'd prefer to begin a solid diet as soon as possible.

I will be Breastfeeding:

- Exclusively
- Bottle and Breast Milk
- Formula

If I choose to breastfeed only I do not want the following:

Bottles

Pacifier

Thank you