

BIRTH OPTIONS AND PREFERENCES FOR A PLANNED CESEAREN

These birth preferences are what we would like in the best-case-scenario. We understand that things are subject to change if special circumstances arise. Thank you for your support!

Timing

- Schedule birth at _____ weeks
 - Do an amniocentesis to check for lung maturity **Y / N**
- **OR** Wait for labor to start naturally

Prep

- Epidural **OR** Spinal **OR** General Aesthesia
- Insert catheter after pain relief **Y / N**

Birth

- Present with me at the birth (circle)
 - Partner
 - Doula
 - Other: _____
- Wear my glasses to see my baby clearly **Y / N**
- Pictures / Video to be taken of birth **Y / N**
- One arm free to touch my baby **Y / N**
- Explain the procedure as it happens **Y / N**
- Lower the curtain **OR**
Place a mirror to view my baby's birth **OR**
Show the baby to me after he/she is born
- Partner to hold and comfort baby for first 30 minutes **OR** Protocol
- Partner to cut cord **Y / N**

Immediately after birth

- Breastfeed baby while being stitched up **Y / N**
- Partner to nursery with baby **OR**
- Partner and baby to stay with mom through surgery, then partner and baby to nursery when mom goes to recovery **OR**
- Partner and baby to stay with mom through surgery, then follow her into recovery **OR**

Special Choices

- Save placenta
- Save cord blood
 - Bank: _____

Recovery Room

- I would like the following people allowed into recovery with me: (circle)
 - Partner
 - Baby
 - Doula
 - Other: _____
- If baby is to go to the nursery, I would like the baby to be brought to me as soon as I feel ready (even if still in recovery) **Y / N**
- I would like to breastfeed in recovery if I feel up to it **Y / N**

Postpartum

- Visitors allowed freely **Y / N**
- Visit(s) from the lactation consultant **Y / N**
- Pump if baby needs to stay in nursery **Y / N**
- Discharge from facility as soon as possible **OR**
- Stay in facility as long as possible

Newborn Care

- Breast-feed **OR** Bottle-feed
- Access to pacifiers **Y / N**
- Prophylactic eye treatment: Per routine **OR** Delayed **OR** None given
- Vitamin K shot: Per routine **OR** Delayed **OR** Oral **OR** None given
- Vaccinations: Per routine **OR** Delayed **OR** None given
- Baby to room- in **OR** Baby to be in nursery and brought on demand
- Parents to give first bath **OR** Staff to give first bath **OR** No bath
- If bath is given: Use hospital's soap **OR** Use own soap **OR** No soap
- Circumcision: Done in hospital **OR** Done at Pediatrician's **OR** None