



Aurora Lakeland Medical Center- Women's Health and Obstetrics

Welcome! We are so glad you have chosen to bring your baby into the world at Aurora Lakeland Medical Center! We look forward to helping you deliver your baby in your chosen manner and assist you in any way possible to learn to care for your new bundle of joy! Our experienced Obstetricians, Certified Nurse Midwives, and labor and delivery nurses will assist you and your partner or family to labor as you choose, whether that be a natural birth, pain medicine or an epidural, or a cesarean delivery. Your birth plan is important to us and we will have open discussion about your expectations as well as variations in the plan, should they arise.

We hope you are proud to have chosen the first and longest running Baby Friendly Facility in Wisconsin. This is a designation we continuously work hard to maintain. Your expectations entering a Baby Friendly facility can include immediate and uninterrupted skin-to-skin contact with your newborn, encouraged rooming-in with your newborn, and 24 hour breastfeeding support with a daily visit from an International Board Certified Lactation Consultant, as well as breastfeeding support after discharge.

Aurora Lakeland Medical Center- Women's Health

Birth Plan

I _____ am creating this birth plan prior to my labor in order to make my wishes clear to my doctor/midwife and the nurses at Aurora Lakeland Medical Center. These are the items I deem important in the birth of my unborn baby. I understand that circumstances might come up where either I may change my mind or my doctor/midwife/nurse feels that it is in my best interest to deviate from my birth plan. I will be flexible, however I ask to be kept informed ahead of time of every aspect of my labor.

My Partner: _____

My Doctor/Midwife: _____ My Due Date: _____

Family, Friends, Doula: _____

Please note that I am: ___ GBS positive ___ Rh negative
 ___ Gestational Diabetic ___ Other

I am planning a ___ Vaginal birth ___ C-section ___ VBAC

Before Labor Begins

___ I would like to go into labor naturally and possibly go past my due date.

___ As long as the baby & I are healthy, I would like to go at least 10-14 days over my due date before inducing labor.

___ I would like to discuss the option of induction after 39 weeks.

___ Please obtain my permission before stripping my membranes during a vaginal exam.

___ If I arrive at the hospital or after attempting induction and am less than 4 cm dilated, I would like to discuss the option of going home.

Induction

___ Cytotec ___ Foley Balloon ___ Pitocin ___ Rupturing Membranes

During Labor

___ Upon arrival at the hospital, I prefer to have only _____ in the room with me. I understand that other visitors, if not in the room with me, will be asked to wait in the waiting room.

___ Upon arrival at the hospital, I prefer to have no visitors.

During pushing I would like to:

- Be directed in how to push
- Push spontaneously when I feel the urge
- Use perineal massage and warm compresses to avoid tearing
- Be encouraged to breathe properly for slower crowning to avoid tearing
- Have no episiotomy & risk tearing
- Use whatever method my provider deems necessary
- Use a mirror to see the baby's head as it crowns
- Touch the head as it crowns

Immediately after Delivery

- Please place my baby immediately skin to skin
- I prefer to let the cord stop pulsating before cutting
- My partner will cut the umbilical cord
- I'd like to see my placenta
- Please discard my placenta
- We will be taking our placenta home

If a C-section is Necessary

- Ensure all other options have been exhausted.
- If it is not an emergency, please give my partner and I time to discuss and give consent.
- Please discuss the procedure with us to reassure my partner and me.
- Please lift my baby so I can see her/him as soon as possible.
- I'd like the drape to be lowered if possible so I can watch the baby come out.
- I would like to hold my baby as soon as possible.
- I would like my baby to be placed skin to skin as soon as possible.
- I would like to breastfeed my baby as soon as possible.
- I would like to stand at the bedside as soon as I am able.
- I would like to have my IV and catheter removed as soon as possible.
- Please discuss with me what to expect after the procedure as well as post-operative pain medication options.

Our Baby

Our Pediatrician/Family Practice physician/Nurse Practitioner is: _____

I plan to exclusively breastfeed I plan to formula feed

I plan to both breast and formula feed

I would like to see a lactation consultant for recommendations & assistance

We will give our baby his/her first bath Please do not bathe our baby

If our baby is a boy: Circumcision No circumcision

Our baby will not be receiving any medication unless medically necessary & we have discussed it with our providers.

I acknowledge that the following procedures will be done before discharge:

- Hearing test
- Jaundice check to screen for jaundice
- Pulse oxymetry test to screen for heart abnormalities
- Newborn screen

I would like all routine newborn procedures to be performed in my or my partner's presence.

We acknowledge that we have chosen a Baby Friendly Facility to care for our family, where exclusive breastfeeding is encouraged; however, if we choose, we would like our baby comforted during a procedure by:

Pacifiers (must be provided by parents) Gloved finger

If our baby is transported to a Neonatal Intensive Care Unit, I prefer to:

Be discharged to accompany our baby Have my partner accompany our baby

Breastfeed prior to transfer if possible or express breast milk for our baby

Hospital Discharge

I plan to leave at 24 hours after birth barring any complications

I plan to stay 2 nights after a vaginal birth and 3-4 nights after a C-section

Additional Comments

My partner, family, friends, and I have discussed my birth plan with my provider. We know that this is a guideline that can and may need to be changed at any time. We are open to discussion as needed. Our ultimate outcome is a healthy baby and a healthy mom!