

# CARL R DARNALL ARMY MEDICAL CENTER BIRTH PLAN

**WHAT IS A BIRTH PLAN?** A birth plan is designed to help communicate your wishes and goals for labor, delivery and postpartum with your doctor or midwife and nursing team. This plan provides information about practices followed at CRDAMC and also provides several options for you to communicate your preferences. The CRDAMC Maternal Child Health team strives to provide an exceptional birth experience with fond, lasting memories. Thank you for helping us provide the birth and recovery experience you desire!

We've provided some information below to help complete your birth plan. Beginning on page three, please review the various options available and indicate your preferences in the boxes and spaces provided. We strive to honor your birth plan and when situations arise requiring a change, we will discuss our recommendations with you. We encourage you to review your birth plan with your doctor or midwife during your OB appointments and bring a copy with you to the hospital.

*Remember, your birth plan may change prior to admission or during labor if your medical condition changes. Also, your birth plan is not a contract, it simply tells us about the experience you desire. You are always welcome to change it anytime during your admission.*

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## Thank you for trusting CRDAMC as Your Partner in Health!

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### Visitation:

This is your birth story, and we support your choice of friends & family at the bedside during labor and delivery, however mandated county or state policies may dictate visitation restrictions. Please visit the CRDAMC Facebook page or call the L&D unit (254-288-8400) for **current** visitation policy information. Please note: all visitors need a pass to get through the security gate. Passes may be obtained at the visitor's center. A driver's license or passport, vehicle registration, and proof of insurance are required.

### Mobility:

Walking and moving during early labor are beneficial to the laboring process so we will encourage you to be as mobile during your labor as you are able. If you are not able to walk or move freely on your own, our staff will assist you to change positions.

### Hydration:

For the safety of you and your baby, we highly recommend starting an IV when you are admitted to Labor and Delivery. Most patients receive fluids through their IV during labor. Please let your care team know if you would prefer to keep hydrated by drinking fluids instead, as we have the ability to maintain IV access without requiring you be attached to the IV pole.

### Nourishment:

You are welcome to enjoy a normal diet during early labor (<6 cm dilation). Once you reach active labor (>6 cm dilation) or request an epidural, your diet will transition to clear liquids (water, juice, Jell-O, broth, ice chips, popsicles, etc.). In rare situations, you may be transitioned to ice chips or NPO (nothing by mouth).

### Pictures:

You may take photographs of labor and the birth if all staff involved in your care verbally agree. However, videotaping, FaceTime or any other live application of the birth is not permitted. Per CRDAMC policy, all equipment utilized to capture this special event must be openly displayed.

### HELPFUL INFORMATION

### **Fetal Monitoring:**

You and your baby will be monitored during your labor. Once admitted, you and your health care team will discuss the types of monitoring and decide what is appropriate for your labor. The 3 types include:

1. Intermittent monitoring: we monitor your baby at scheduled times
2. Continuous monitoring: we monitor your baby all the time (wireless with an adhesive patch to your stomach or wired with 2 small devices secured to your abdomen)
3. Continuous internal monitoring: Your baby is monitored with an internal monitor, and your contractions with an internal catheter. \*Only used when other methods do not work well.

### **Pain Management:**

As a safety precaution, all patients admitted to Labor & Delivery meet with an anesthesia provider to obtain medical information in case of an emergency. We have several options to assist with pain management ranging from using heat and cold packs to pain medicine through your IV, and/or placement of an epidural. Of note, when IV medications and epidurals are given, continuous monitoring is required.

### **Labor Augmentation:**

If your labor slows or it becomes medically necessary to move more quickly to delivery, your provider may recommend augmentation. Both Pitocin and breaking your water (amniotomy) are options commonly recommended. While they are certainly useful to help with coping in labor, these non-medical methods may also help labor progress: walking, frequent position changes, or sitting on a birthing ball.

### **Labor Induction:**

Inductions are recommended for medical indications that may affect the safety of you and/or your baby. Recommendations for induction are generally known in advance, although there are times when we may recommend a patient be induced without a prior plan for induction based on your clinical presentation in the clinic or triage. It is important to know that even with an induction, you still have options. Your provider will recommend one or more of the following based on your assessment:

1. Cytotec: tablet taken by mouth or inserted vaginally to soften and thin the cervix
2. Cervidil – medication inserted vaginally to soften and thin the cervix
3. Foley balloon: a balloon placed through your cervix to stretch and dilate the cervix
4. Pitocin: a hormone given through the IV to start and strengthen contractions
5. Amniotomy: breaking the bag of water

### **Pushing/Delivery Requests:**

We encourage you to push in any position as long as you can safely support yourself. Depending on medication you receive and how your baby responds to pushing, you may be asked to change positions. You also will have options about how you'd like to push. Spontaneous bearing down is pushing when your body tells you to. During directed pushing, your nurse helps advise you when and how long to push.

### **Placenta:**

If you would like to take your placenta home, please discuss this with your provider and nurse. In some rare cases, you may not be able to take your placenta home. A release form must be signed to remove the placenta from the hospital. The placenta must be removed from the hospital in your personal cooler by the time you leave Labor and Delivery – it cannot go with you to the Mother-Baby unit (postpartum ward).

### **Baby care:**

You have many choices about the care of your infant after delivery. We encourage you to tell us if you would like someone special to cut the cord, how you would like to feed your infant, if you would like to assist with the first bath and provide your preferences about medication and vaccination administration. If your baby is transitioning well, we automatically delay cord clamping and place your baby skin-to-skin for the first hour, during which time we assist with the first feeding. The first bath is usually done when the baby is 24 hours old, and you will have the opportunity to assist, if desired.

# MY BIRTH PLAN

CARL R DARNALL ARMY MEDICAL CENTER

Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Care Team:  Family Practice  Midwifery  OB/GYN

My delivery is planned as:  Vaginal  Cesarean Section  TOLAC/VBAC

Please note I...

Have Group B Strep (GBS+)

Am Rh Negative (blood type)

Other

**WHO YOU**  Partner \_\_\_\_\_  Relative(s) \_\_\_\_\_

**WOULD LIKE AT**  Friend(s) \_\_\_\_\_  Doula \_\_\_\_\_

**DELIVERY?**  Photographer \_\_\_\_\_  Other \_\_\_\_\_

I may need help stopping unwanted visitors \_\_\_\_\_

**REQUESTS**  Dim lights  Music\*  Use of shower  Walking  Peanut Ball

**DURING LABOR &**

**DELIVERY**  Birthing ball  Aromatherapy\*  Other: \_\_\_\_\_ \*please bring with you

**POSITIONING**  Semi-reclining  Side-lying  Squatting (bar available)  Other: \_\_\_\_\_

Hands and Knees  I wish to move around freely & change positions frequently

**FETAL**  I prefer my baby to be monitored intermittently

**MONITORING**  I would like as much monitoring as possible

I prefer a method that allows me to remain mobile

I am comfortable with what my care team suggests for me and my baby

**PAIN**  Relaxation  Position changes  Distraction  Shower  Visualization

**MANAGEMENT**  Massage  Heat/Cold packs  Breathing Techniques Method: \_\_\_\_\_

Short-acting IV medications\*  Epidural\*  Open to suggestions from my care team

I prefer medications only be offered at my request \*requires continuous monitoring

**LABOR**  I prefer that my bag of water breaks on its own

**AUGMENTATION**  I am comfortable with my provider breaking my bag of water

I would like to consider using IV Pitocin

Other: \_\_\_\_\_

**CESAREAN**  I would like \_\_\_\_\_ to accompany me during surgery

**DELIVERY**  I would like to do skin-to-skin in the OR if we are both healthy and doing well

If I am unable to hold my baby or do skin-to-skin, I would like my support person to be able to do skin-to-skin until I am available

I have expressed or pumped breast milk ahead of surgery for my baby if feeding is required before I am available

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PUSHING/DELIVERY  
REQUESTS

- Semi-reclining    Side-lying    Squatting    Hands & Knees    I am open to suggestions  
 Other: \_\_\_\_\_
- I would like to have a mirror at delivery so I can see my progress  
 I would like to touch my baby's head when delivery is close  
 I would like my baby skin-to-skin immediately if we are both healthy and doing well  
 I prefer my baby be cleaned with a towel before skin-to-skin  
 I do not wish to do skin-to-skin after delivery  
 I would like \_\_\_\_\_ to cut the umbilical cord
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- PLACENTA MANAGEMENT  I would like to take my placenta home  
 I would like to see my placenta, but not take it home  
 I do not want to see my placenta
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NEWBORN CARE

FEEDING

- I plan to breastfeed only  
 I plan to provide breastmilk by hand-expression or pumping  
 I plan to both breastfeed and formula feed  
 I plan to formula feed only

CARE

- I wish to assist with my baby's first bath  
 I would like all 3 medications given to my baby after birth (vitamin K, erythromycin, Hep B)  
 In season, I would like my baby to receive the RSV vaccine  
 I do not want my baby to receive these medications after birth: \_\_\_\_\_  
 I would like to delay erythromycin for 1 hour while my baby and I bond

BABY BOYS:

- I would like my son circumcised at the hospital before we discharge home  
 I do not want my son circumcised  
 I would like more information about circumcision before making my decision
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NOTES & OTHER

SPECIAL REQUESTS

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