

My Mercy Birth Plan



Completing Your Birth Plan

Please take some time to complete your Mercy Birth Plan and be sure to share it with your private physician several weeks or months prior to your baby's birth.

Attending a labor and birth preparation program will provide the knowledge you need to create a meaningful birth plan. A list of classes available at the Mercy hospital near you is available on mercy.net.

Expectant mother

Name _____

Birth date _____ Physician _____

Baby

Due date _____ Physician _____

My labor support team

I plan to have the following people with me during my labor and birth:

Partner _____ Relationship _____

Doula _____

Other visitor _____ Relationship _____

Other visitor _____ Relationship _____

Other visitor _____ Relationship _____

Comfort measures

I plan to try these additional comfort measures (check all that are desired):

- Walking, squatting and using a birth ball
- Labor in water using a shower or tub
- Listening to music (please bring your own)
- Massage
- Aromatherapy (scented oils, fresh flowers – please bring your own)
- Wear my own clothes during labor (hospital gowns are also available)

Monitoring my contractions and baby's heart rate

I would prefer (check all that apply):

- Checking on the well-being of my baby using intermittent monitoring
- Continuous electronic monitoring
- To be up and about in my room and in the hallways using wireless monitoring
- Placement of internal monitors using a fetal scalp electrode and/or intrauterine pressure catheter if medically necessary
- Whatever is recommended by my physician for the safety of me and my baby

Intravenous access (IV)

I prefer to have IV access using this method:

- Saline lock: A short tube attached to your IV, that may be safely disconnected from the IV bag and pole, when not in use
- Continuous IV: access into a vein with tubing and fluids attached

Pain management

I plan to:

- Labor and give birth with little or no intervention so please don't offer pain medication. I will let you know if I change my mind.
- Narcotic pain medication given through my IV, if safe for me and my baby
- Epidural anesthesia
- Nitrous oxide
- To make these decisions as I progress through labor, keeping all options available

Bag of water breaking

I would prefer to:

- Allow my bag of water to break on its own
- Have my bag of water artificially broken if medically necessary

The safety of our patients and caregivers has been, and always will be, our priority. We follow strict standards for disinfecting, required masking for patients, visitors and co-workers, and social distancing. Please do your part by following these and other CDC guidelines.

Pushing preferences and birth

I would like to try (check all that are desired):

- Lying on my side to push
- Squatting in bed using the squat bar
- Sitting upright in bed
- On all fours

Episiotomy

I would prefer:

- To not have an episiotomy
- Do whatever my physician recommends for the safety of me and my baby

Cutting the umbilical cord

I plan to:

- Have my labor partner cut the umbilical cord
- I would prefer that my physician cut the umbilical cord
- Other _____

Immediate care of my baby following birth

I plan to (check all that are desired):

- Have my baby placed skin-to-skin with me on my chest immediately following the birth
- Have the nurse clean my baby first, then place them in my arms for bonding
- Keep my healthy baby with me at all times

Feeding my baby

I plan to (check all that are desired):

- Initiate breastfeeding shortly after the birth
- Exclusively breastfeed my baby on demand
- Pump and give my baby breast milk from a bottle
- Bottle feed my baby with infant formula

Formula preference:

- Similac®
- Enfamil®
- GoodStart®

Pacifiers

I would prefer to:

- Not allow the use of pacifiers or bottles during the hospital stay
- Allow pacifiers for my bottle-fed baby

Administration of baby's antibiotic eye drops

I would prefer:

- Administration of antibiotic eye drops per hospital routine
- Delay the administration of antibiotic eye drops for up to one hour after the birth

Circumcision

I plan to (check all that are desired):

- Have my baby boy circumcised
- Not** have my baby boy circumcised
- Arrange for a Bris at the hospital eight days after my baby boy's birth

Mother-baby Unit

I plan to (check all that are desired):

- Keep my baby with me
- Have my formula-fed baby cared for in the newborn nursery at night
- Keep my breastfed baby with me at all times, including overnight, to learn feeding cues
- Have my partner spend the night during my hospital stay

Other things that are important to me:

This birth plan serves as a communication tool between you, your physician and your nursing staff. It helps us know what is most important to you during your baby's birth and hospital stay. The birth process is unique to each woman and can be unpredictable. Expect that you may need to alter your birth plan if health becomes a concern. You can trust our team to honor your wishes while protecting you and your baby. Bring your completed birth plan to one of your prenatal visits. Your physician will review your plan and answer questions that you may have about what to expect during the labor and birth of your baby.

Signatures*

Expectant mother _____

Date _____

Physician _____

Date _____

*Signatures serve to acknowledge the expectant mother's birth preferences and that her physician is aware of her wishes.