UC Health

BIRTHPLN

YOUR CARE JOURNEY

LOCATION: ☐ University of Cincinnati Medical Center ☐ West Chester Hospital ☐ UC Physicians

Your Birth Preference

Planning your care journey is a simple way to share your preferences for labor and delivery with your care team. It helps everyone understand what matters most to you. Although your birth experience can be unpredictable, **we're united by one goal: a safe, healthy delivery for you and your baby.**

Having a birth plan or preference is your choice! We encourage you to use this as a tool to communicate your delivery goals with your care team. You can also use this to learn more about the options and standard practices at UC Health. We encourage you to discuss your wishes and goals with your care team by 36 weeks.

Standard Practice

We provide a patient-centered birth experience that focuses on safety, clear communication and comfort. Your care team will welcome you and your support person(s), talk through your preferences, answer questions and work with you to create a care plan for you, your baby and your delivery.

During labor and delivery, our standard practices may include:

- Placing an IV for safety and quick access if medication or fluids are needed
- Offering options for movement and comfort, such as different positions, a birthing ball or the shower
- Allowing an "OB-modified diet" in many cases (clear fluids and easily digestible foods)
- Monitoring your baby's heart rate during labor
- Using episiotomy, vacuum or forceps only if medically necessary
- Delayed cord clamping for about one minute to allow your baby to receive additional blood and nutrients—when safe for both mom and baby
- Skin-to-skin contact for at least the first hour after birth, when safe for both mom and baby
- Bathing your baby about 12 hours after delivery
- Giving Pitocin after delivery to help prevent excessive postpartum bleeding

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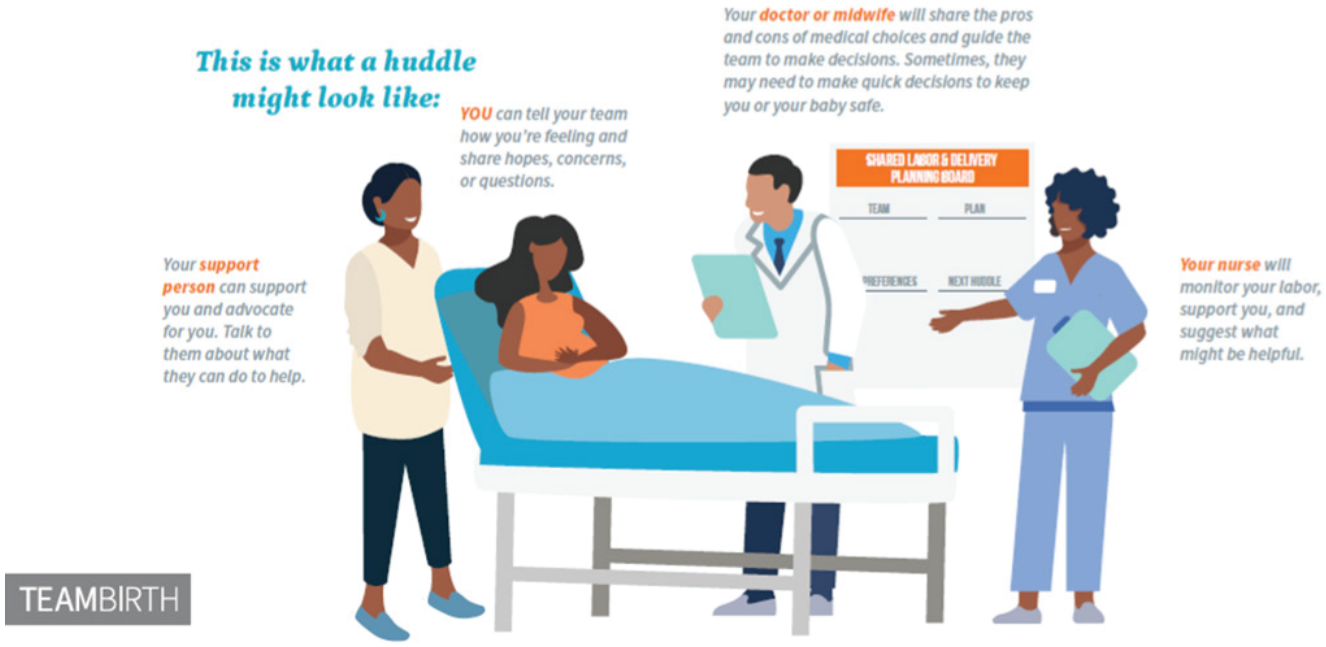
What is TeamBirth?

TeamBirth helps you be as involved as you would like in decisions about your pregnancy, labor, birth and after birth. Your plan and preferences can often change during or after your birth. Knowing what matters most to you helps your care team give you the best care.

You will meet with your care team in regular huddles where you will talk about how things are going and what comes next. Huddles will be a time to tell your team how you're feeling and share hopes, concerns or questions. What you talk about during those huddles will then be written on a whiteboard in your room. Your preferences may change—that's normal. TeamBirth supports flexibility.



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BIRTH PREFERENCE

Your Name: _____

Your Baby's Name: _____

Your Support Person's Name and Relationship: _____

Your Doctor's Name/Location: _____

Your Baby's Doctor's Name/Location: _____

LEVEL SETTING

☐ I feel confident in what I want for delivery, and in general, my top goals are (e.g. minimal intervention, focus on pain control, faster labor): _____

_____

☐ I would like to attend a childbirth education class to learn more about labor and delivery, including medications and possible common interventions.

☐ I have had a prior birth experience.

- What I liked: _____
- What could be improved: _____

☐ I have a more detailed birth plan that I would like to use.

LABOR

☐ I would like the following people with me during labor (four are typically allowed in the room. there may be restrictions during flu season): _____

_____

☐ For my labor goals, I want my providers to know: _____

_____

☐ I prefer to be able to move around during labor.

☐ I plan to bring my own music.

☐ I prefer to drink fluids during labor.

☐ I prefer the lights to be dimmed.

☐ Other preferences: _____

☐ I would like to try (if they are available):

- A birthing ball
- A birthing bar
- Other: _____

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PAIN MANAGEMENT OPTIONS (choose one)

☐ I do not plan to use medications or an epidural unless I request them. (For your safety, the anesthesia team will still meet with you before delivery in case of an emergency.)

☐ I would like pain management. Please discuss the options with me.

☐ I am not sure if I would like medications or an epidural. Please discuss options with me.

DELIVERY

☐ I would like the following people with me during delivery (four are typically allowed in the room. There may be restrictions during flu season): _____

_____

☐ I have made prior arrangements for storing umbilical cord blood.

☐ I would like to see the placenta.

☐ Other preferences: _____

VAGINAL BIRTH PREFERENCES

☐ I would like my providers to know: _____

_____

☐ I would like the use of a mirror to see my baby's birth.

☐ I would like to touch the baby's head when crowning.

☐ I would like my partner to help support me with pushing.

☐ I would like for (name/relationship:) _____ to cut the umbilical cord.

☐ I would like for the room to be as quiet as possible.

☐ Recording the delivery is not permitted at UC Medical Center, but after delivery, if it is safe to do so, I would like staff to take a picture of me and my baby.

☐ Other: _____

IN CASE OF A CESAREAN DELIVERY: YOUR PREFERENCES

☐ I would like the following person (one person only) to be present with me (name/relationship): _____

_____

☐ I would like skin-to-skin contact in the operating room if possible.

☐ I would like my support person to hold my baby if I am unable to do so.

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IN CASE OF A CESAREAN DELIVERY: YOUR PREFERENCES *(cont.)*

- ☐ I would like the use of a drape where I can see my baby while they are being born, if possible.
- ☐ I would like the umbilical cord to be cut long so that my support person may complete the final cut at the infant warmer.
- ☐ Recording the delivery is not permitted at UC Medical Center, but after delivery, if it is safe to do so, I would like staff to take a picture of me and my baby.
- ☐ Other: _____

MY PREFERENCES FOR MY BABY IMMEDIATELY AFTER BIRTH

- ☐ I want immediate skin-to-skin contact after delivery.
- ☐ If I am unable, I would like one of my support people to hold my baby after delivery.
- ☐ If necessary and safe for the baby, I would like my support person to go to the nursery with the baby.
- ☐ I would like to breastfeed as soon as possible.
- ☐ If I have a boy, I would like him to be circumcised.
- ☐ I accept the recommended antibiotic ointment to prevent infections that can cause blindness in babies.
- ☐ I accept the recommended vitamin K that can prevent bleeding.
- ☐ I accept the recommended hepatitis B vaccination to prevent infection.
- ☐ Other: _____

After delivery, here's what you can expect at UC Health:

- Your baby will always stay in your room with you—when safe for mom and baby
- We recommend exclusive breastfeeding, when safe for mom and baby

FEEDING OPTIONS

- ☐ I want to breastfeed.
- ☐ I want to formula feed.
- ☐ I want to both breastfeed and formula feed during my hospital stay.
- ☐ If I qualify, I would like my infant to receive Pasteurized Donor Milk.
- ☐ Other concerns/goals: _____