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**Labor and Birth Plan**

**Birthing Parent: Estimated Due Date:**

**Additional Support People:**

**OBGYN/Midwife:**

Dear Doctors, Nurses, and the wonderful Staff at Hospital,

**Our wish is to have an unmedicated labor and birth with as little intervention as possible without time limits as long as (Pregnant Person’s Name) and baby are tolerating labor well. We wish to avoid having a C-section lacking any urgent medical necessity. Please seek informed consent throughout labor and delivery.**

We have chosen the Hospital Provider because of the outstanding references and recommendations given to us. We realize labor and birth is unpredictable, therefore, in the event of complications, we will cooperate fully after having an informed discussion with our doctors and adequate time for private consideration.

*I thank you in advance for your support and kind attention to our choices.*

**Labor**:

* Saline lock in arm but no continuous IV unless necessary.
* Intermittent external fetal heart rate monitor.
* Limited vaginal exams with informed consent.
* Please make no offers for pain medication.

**Delivery:**

* Please provide guidance on when to push and use compress or massage to limit tearing-- use local anesthesia to repair tears.
* Place baby on immediately on chest
* Delay cord clamping
* (Name)to cut the cord.
* Hold all routine exams for baby until baby has breastfed.

**If Cesarean Birth Required:**

* (Name) to be present in OR to greet baby.
* (Name) to stay with baby at all times if baby is in need of special care, and baby and (Name of birthing parent) to be reunited ASAP.
* Please use double layer suture for repairs.

**Baby Care:**

* Delay all routine exams until baby has breastfed- no bottles, artificial nipples, or water.
* As long as baby is well, perform all procedures and exams in the room with us-- do not take to nursery.
* Procedures OK:

Vitamin K injection

Newborn antibiotic eye ointment

Hepatitis B vaccine

PKU Test

If boy, circumcision to be scheduled at later date.

* We will give baby the first bath.
* If baby requires special care, (Name) to stay with baby at all times. Please seek informed consent in advance for all procedures, medications, vitamins, vaccinations, or fluid supplementation.