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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 delay the epidural as long as possible 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.
* No soaps, or betadine to be used in or around the birth canal.
* If lubrication is needed, please use organic olive oil or arnica oil which we will provide
* Place baby on immediately on chest
* Delay cord clamping until cord is white.
* (Name) will be offered opportunity to cut cord, but no pressure if he/she doesn’t want to.
* Please consent (Name) before administering postpartum Pitocin.

**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:**

* No routine suctioning with the blue bulb syringe.
* The following procedures on our baby should be *delayed until parents are ready:*
	+ *Vitamin K shot*
	+ *Eye ointment*
	+ *Weighing of the baby*
	+ All other newborn procedures (baby assessment, heart rate, temperature, measurements, cleaning, etc.) to be on (name)’s chest. We will decline the Hepatitis B for now.
* 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.
* If boy, circumcision to be scheduled at later date.