



### **Birth Plan**

Our most important goal is to provide excellent obstetrical care for you and your baby. We also want your delivery to meet your ideal for childbirth. We are flexible about most requests, so we ask you to review this birth plan and tell us your preferences so that we may best accommodate you.

You may discuss your questions at your next prenatal visit but be sure to bring a copy of this birth plan with you to the hospital when the big day arrives.

### **Early Labor**

We generally check you for labor if you are having intense contractions every 5 minutes for at least one (1) hour or if you think your water has broken. We will also assess you and your baby if you are experiencing heavy bleeding or have decreased fetal movement. Assuming the fetal monitor shows a healthy baby, we do not usually admit you until your cervix has dilated to at least 3 centimeters or if we confirm ruptured membranes. In early labor you may have intermittent monitoring which will allow you to walk, have light snacks and liquids, watch TV or listen to music. We can assist your labor sometimes by rupturing the membranes but we will discuss this with you at that time. Please let us know any other special requests you may have. IV's are required in the event you need antibiotics or are bleeding, but often can be delayed until the labor is more active. Please list your preferences:

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### **Active Labor**

In this stage, your pain will increase as will the need to concentrate on dealing with the contractions. You may request either IV pain medication or epidural anesthesia if desired. Usually, we will need to monitor your baby more frequently but will only use the internal monitors when the information provided by the external equipment is inadequate to assess your labor or the baby's well-being. Please list your preferences:

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### **Delivery**

Traditionally, women will push while reclining on the back with knees up and out slightly to the side, but you may push however you feel is more natural to you. We use forceps or vacuum extractors only when indicated by fetal distress or maternal exhaustion, but you may let us know which option you prefer if intervention is required. We do not use episiotomy routinely anymore, but if tearing is occurring you may prefer this option. You, the father or any support person may cut the cord. Once the baby is delivered you may use your camera or video recorder. You may breast feed as soon as the baby is stable. Please list your preferences:

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### Postpartum

If you would like to have the baby “room in” or have “non-separation” so the baby stays with you at all times, let your labor nurse know when you check in. Whatever you choose, the baby will receive evaluation, eye drops, vitamin K injection, weighing and bathing during this period. You may choose, of course, to send the baby to the nursery when you need some rest. A lactation consultant can come by to help you get started with breast feeding if you wish. Most women go home the second day after a vaginal delivery. Please list your preferences:

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### Cesarean Deliveries

We perform cesarean sections primarily for abnormal presentations (breech), abnormal fetal heart rate patterns (fetal distress) or failure to make normal progress in labor (dysfunctional labor). You may plan a scheduled repeat cesarean delivery if you elect not to labor after having a previous cesarean delivery. You may have one person accompany you to the operating room unless general anesthesia is required. Cameras are only allowed in the baby area adjacent to the operating room. If the baby is healthy, your support person may bring the baby back to the operating room to bond with you before going to the nursery. They will usually be waiting for you in the recovery area. You are usually allowed up to four days in the hospital after this surgery.

### Circumcision

Circumcision of your baby boy is a traditional procedure done for either religious or social reasons. There are few proven medical benefits, but most parents still choose to do this. We each have our own technique we prefer, but all use a local anesthetic to alleviate pain. You can sign a permission form for the minor surgery and anesthesia after your delivery if you wish to have a circumcision for your son.

### Other

Please call the office if you think you are in labor, i.e. you are having regular contractions (4-5 minutes apart for first time moms and 5-7 minutes apart for others), heavy bleeding, decreased fetal movements or if your water breaks. If calling during evenings and weekends until 9pm, please call **919-781-5510 and press option 9 to be connected to the answering service or call the service toll free at 877-261-4451.** Your message will be sent to the on call physician and will be returned as soon as possible. Remember to identify any high risk factors such as hypertension, diabetes, twins, history of preterm delivery, special medications or any other problems you have had during the pregnancy. If calling after 9pm, please proceed directly to the Obstetrical Emergency Department located at the REX Women’s Center (Birthing Center) where you will have an initial evaluation by one of the OB Hospitalist Physicians in the REX OB/ED.

More information and links to related websites, please visit **[www.midcarolinaobgyn.com](http://www.midcarolinaobgyn.com)**.