

Northeast Georgia Medical Center

Birth Expectation Plan

We have developed a Birth Expectation Plan to help guide you in some of the options that are available to you during childbirth. This also gives you the opportunity to share what your expectations are for your birth experience so that we can partner together. Please use the Birth Expectation Plan to begin conversations with your healthcare provider(s) about the kind of birth experience that is important to you. We encourage you to research all options, and discuss the effectiveness and risks of those that interest you with your healthcare provider(s).

Name of Patient: _____ Spouse/Significant Other: _____

Due Date: _____ Name of the OB office you are going to _____

Have you been hospitalized before? _____

What number pregnancy is this for you? _____ Number of children you have? _____

Care Provider

- Obstetrician
- Certified Nurse Midwife
- Doula (prior arrangements necessary for doula services)

Environment within the Birthing Suite (select all that you are interested in)

- Use of music
- Wear own clothes / Hospital gown
- Aromatherapy **
- Brightly lit room
- Darkened room
- Other _____

The following are the people I want present in room at time of delivery:
(You may have up to 4 people and one support person)

My primary support person will be: _____

Pain Management During Labor (select all that you are interested in)

- Breathing techniques
- Rocking chair
- Guided relaxation, focal point, visualization
- Use of shower or air jet tub
- IV pain medication
- Epidural
- Massage
- Choosing to labor and deliver with out pain medications.
- Do not ask me. I will ask if I want pain medication.
- Walking during labor
- Using a birthing ball
- Heat/cold therapy **
- Aromatherapy**
- Slow dancing
- Other: _____

** not provided by hospital

-over-

Techniques/ Positions to cope with back labor

- Counter pressure
- Hand and knees
- Knee press
- Criss-cross massage
- Double hip squeeze
- Lunge

Care During Labor (select all that you are interested in)

- Eating and drinking options: ice chips, sugar-free candy, clear fluids, etc.
Fetal Monitoring: I would prefer: Continuous or Intermittent
Membranes (Amniotic Fluid): I would prefer: Natural Rupture or Artificially Ruptured
- Use of squatting bar

Delivery Position: (select all that you are interested in)

- Semi-sitting
- Reclining on side
- Modified squatting
- Hands and knees
- Birthing stool
- Use of foot supports
- Use of stirrups
- Standing upright
- Use of squatting bar

Delivery: (select all that you are interested in)

- View birth with a mirror
- Touch baby's head at crowning
- Placing infant on abdomen immediately following birth
- Primary support person to cut the cord
Episiotomy: I would prefer: episiotomy use massage and warm compresses to possibly avoid tearing prefer to tear
- Immediately breastfeeding after delivery
- Planning to use adoption
- Extended skin to skin with baby

Postpartum: (select all that you are interested in)

- Infant stays in mother's room
- Breastfeeding only
- Bottle-feeding
- Breast and bottle-feeding
- Meeting with lactation consultant
Circumcision (circle one): Yes / No

Our concerns/ priorities regarding labor and birth:

Is there anything else you would like us to know about your preferences, concerns or wishes for your labor, birth and hospital stay that would help us take better care of you?

Once you have reviewed this plan with your healthcare provider, please give the completed form to your provider to add to your prenatal admission record. Please also mail a copy to Northeast Georgia Medical Center, ATTN: Labor & Delivery, 743 Spring Street, Gainesville, GA 30501, or fax to 770-219-3262. Please also bring a copy with you to the hospital.