

Care Team - I fully realize that situations may arise such that my plan cannot and should not be followed. However, I hope that, barring any extenuating circumstances, you will be able to keep me informed and aware of my options.

Thank you for helping bring our little one into the world!

GENERAL INFORMATION

My name:

My partner's name:

My doula's name:

Primary Health Care Provider:

Due Date:

C-SECTION

THE SURGERY

- Spinal/epidural anesthesia
- No pre-operative medications - I'd like to remain as alert as possible
 - If I cannot be conscious for the procedure, my husband should be allowed to hold the baby immediately after birth for skin-to-skin
- Clear drape to view the birth
- Spouse present at all times
- Doula present at all times
- Videos and pictures allowed
- EKG monitors attached out of the way
 - Ideally to not infringe on holding, feeding, or seeing baby
- Arms are not strapped down
- Delay cord clamping until pulsing has stopped
- Vaginal swab bacteria transfer to baby
- Baby on my skin in the OR
- Breastfeeding to initiate in the OR, if possible
- Please give my placenta to _____

POSTPARTUM AND BABY CARE

- Breastfeeding only
- No pacifiers or glucose water
- No separation of mother and baby unless medically necessary
- Pediatric exams and measurements to happen in my room
- Do not bathe the baby; we'd like to do it later