## Planning Your Birth Experience

Having a baby is an exciting time, and the entire staff at UPMC Northwest wishes to make this the most wonderful birth experience possible. Your thoughts, wishes, and choices are important to us. We ask you to spend some time sharing your plans for your birth experience.

This birth plan guide was made to help you when thinking of topics that are important to talk about with your health care team. Please stay flexible in case you or your baby's health calls for your health care team to change your plan.

This birth plan reflects your current wishes. You can change it at any time.



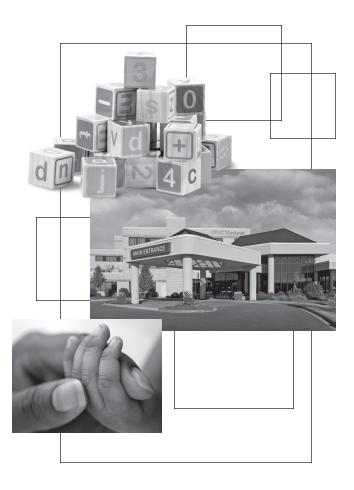
## **UPMC Northwest**

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Your Care. Our Commitment.

My Birth Plan	☐ Self-hypnosis	Below are my specific requests:
We know what an important time this is. Please understand that due to physical space	<ul><li>☐ Massage (by my partner/support person)</li><li>☐ Other</li></ul>	
limitation, UPMC Northwest's visitation policy allows for up to 2 people during labor and delivery.	During a vaginal birth I'd like:  ☐ To view the birth using a mirror ☐ To touch my baby's head as it crowns	Specific cultural/religious preferences:
Mark all that apply:  ☐ I would like to have support people present during my labor and birth  ☐ I have a devia (labor seech)	☐ If at all possible, to give birth without an episiotomy (minor surgery that widens the opening of the vagina during childbirth)	Piercings
<ul><li>☐ I have a doula (labor coach)</li><li>☐ I have no specific birth plan requests</li></ul>	☐ My partner/support person to cut the umbilical cord	Please let us know where your piercings are located. They must be removed prior to
During labor I would like:  ☐ Music playing (I will provide)	☐ To have private cord blood donated (I will arrange)	labor/delivery/anesthesia (no exceptions).
☐ The lights to be dimmed as much as possible	After the birth (if my baby is stable), I would like to:	
<ul> <li>☐ The room to be as quiet as possible</li> <li>☐ To have pictures taken during labor and after delivery (I will provide)</li> <li>☐ My partner/support person to be near me the whole time, with the exception of</li> </ul>	<ul> <li>☐ Have skin to skin contact as soon as possible</li> <li>☐ Hold my baby immediately after delivery</li> <li>☐ Hold my baby after he or she has been wiped cleaned</li> </ul>	Approval of my birth plan This will be an ongoing discussion during your pregnancy, delivery, and postpartum experience with your health care team.
procedures (ex: epidural)  ☐ To walk and move around as much as possible	☐ Breastfeed my baby  Pediatrician/baby's doctor is:	Print Name
☐ Other  I would like to try the following techniques  to manage my comforts	I plan to:	Signature 
to manage my comfort:  ☐ Only what I ask for at that time ☐ Whatever is suggested by my health care	<ul><li>□ Breastfeed only</li><li>□ Formula feed only</li><li>□ Do both breastfeeding and formula feeding</li></ul>	□ Birth plan discussed with provider
team at that time  ☐ Medicine ☐ Epidural ☐ Shower (if appropriate)	<ul> <li>☐ Use a pacifier</li> <li>If we have a boy, a circumcision should:</li> <li>☐ Be performed (a circumcision consent will need to be obtained before procedure)</li> </ul>	Provider Name  This birth plan is not a legally binding agreement. Your signature reflects your hopes for this birth experience, but you are free to
<ul><li>☐ Breathing and relaxation techniques</li><li>☐ Hot/cold therapy</li><li>☐ Birthing ball (I will provide)</li></ul>	□ Not be performed	change your mind about anything in this plan. We invite this discussion with you during your pregnancy, labor, and postpartum experience. However, how we act upon the wishes expressed in this birth plan will depend on you and your baby's actual health care needs.