

Health Record #:	_____	Complete or place barcoded patient label here
Patient Name:	_____ <small>(Print first, last)</small>	
DOB:	<u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #:	_____	Version Code: _____
Account #:	_____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

## Birth Plan

We understand that childbirth is both exciting and unpredictable. Our goal is to keep you and your baby safe, while making the experience as positive and personal as possible.

### What You Can Expect

#### During Labour and Delivery:

- You will be admitted to a birthing room once you are in active labour.
- We encourage movement and coping strategies such as breathing techniques, self-hypnosis, music, massage, warm shower, tub soak and the use of yoga and peanut balls.
- We will explain any recommended procedures and obtain your consent (eg. breaking the waters, applying a scalp electrode, starting any medication, epidural, etc.) so you are always informed.
- Various pain relief options are available (including narcotics, nitrous oxide (laughing gas), epidural and local freezing). Please let us know what your preferences are.
- We will support various positions for pushing (eg. squat bar, mirror, on-your-side, hands-and-knees, etc.).
- We do not perform routine episiotomy, but episiotomy may be recommended if medically indicated.

#### After Birth:

- Skin to skin contact with your baby is prioritized within the first hour after delivery.
- If there is no concern for the baby, the umbilical cord will be clamped after at least 60 seconds and your support person can cut the cord if they would like to.
- Oxytocin is recommended following the delivery of the baby to aid in delivering the placenta and to reduce the risk of hemorrhage.
- Vitamin K injection is recommended for the baby to decrease the risk of Hemorrhagic Disease of Newborn (bleeding in the newborn stomach, intestines or brain).
- Erythromycin eye ointment can be applied to the baby's eye to prevent infection.
- RSV antibody will be offered for the baby during RSV season.
- We will help you to feed your baby during the first hour after delivery.

### Other Important Information

- Water births are not available at our hospital.
- If an emergency arises, we will focus on keeping you and your baby safe and we will involve you in the decision making whenever possible.



Health Record #:	_____	Complete or place barcoded patient label here
Patient Name:	_____ <small>(Print first, last)</small>	
DOB:	dd / mm / yy	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #:	_____	Version Code: _____
Account #:	_____	Date of Admission: dd / mm / yy

## Birth Plan

**Please check if any of the following applies (can check none or more than one)**

- I do not want my baby on my abdomen immediately after birth, I prefer that the baby be cleaned/wiped first.
- I do not want pain control offered to me during labour. I will request it if I want it.
- I do not want forceps or vacuum assisted delivery and if those are required to achieve birth, would rather proceed directly to a C-section (there may be exceptions to this if the baby's head is almost out).
- My support person does not want to cut the umbilical cord.
- I have made prior arrangements for storing umbilical cord blood.
- I do not want my baby measured and weighed in the first hour. I prefer to keep the baby with me skin to skin.
- I do not want my baby to receive eye ointment.
- I do not want my baby to receive Vitamin K (note - if Vitamin K is declined, a pediatrician will discuss this with you after the baby is born).

### Baby care plan

I would like my baby to be:

- Breastfed exclusively – please check with me before giving oral supplements
- Formula fed
- Undecided or do not know

It is ok to offer my baby: (check as many as you wish)

- A pacifier  Formula
- Sugar water (for painful procedures)  None of the above

We are here to support you every step of the way. Please share your wishes and let us help to make this a special and safe experience for you and your baby.

Date: dd / mm / yy Time \_\_\_\_\_  
MOTHER'S PRINT NAME \_\_\_\_\_ MOTHER'S SIGNATURE \_\_\_\_\_

