

Family Centered Cesarean Birth Plan



- I would like EKG monitors to be placed off of my chest so that my baby can easily be placed skin to skin after birth.
- I would like the IV to be placed in my non-dominant arm to make it easier for me to hold my baby in the operating room.
- I would like to do a vaginal swab in order to seed my baby with my good bacteria. I have attached the instructions that I will be following.
- I would like my arms to remain free during the operation. I understand that I should not reach into the sterile field.
- I would like my partner and my second support person (doula, grandparent, friend, etc.) to accompany me into the OR.
- I would like to be informed of what is happening during the surgery. Please explain all procedures/steps to me as they occur.
- Please limit discussion during the surgery to what is occurring in the operating room, the birth of the baby, or our family. This is a very important day for us and we will have vivid memories of it forever.
- We would like to choose the music that is playing in the operating room at the time of my baby's birth.

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- It is very important to me that I see the birth of my child. I would like to use a clear drape for the baby's delivery so that I can see my baby being born. In lieu of a clear drape, I would like the drape to be lowered and my head raised at the time of birth. If this is not possible, I would like to use a mirror to view the baby's birth. I would like to have photographs and/or video of my baby's birth. My (insert partner, doula etc.) will take photographs and/or video.
- My partner would like to announce the sex of the baby, even if we have already been told the sex by Ultrasound.
- I would like my baby to be slowly removed from the womb in order to replicate the squeezing of the birth canal and improve the baby's respiratory transition. I would like to assist in this process by being allowed to push.
- I would like my baby to be placed skin-to-skin on my chest as soon as possible after birth. Please do not swaddle or dress my baby or place a hat on the baby at this time. I will warm my baby skin-to-skin with a warm blanket over both of us.
- I would like to delay cord clamping for a minimum of 60 seconds to 3 minutes. If possible, I would like to baby to be delivered immediately to my chest prior to the cord being clamped and cut. My partner would like to cut/trim the cord.
- I would like all newborn tests and procedures to be performed with my baby on my chest, not in the warmer. If baby must go to the warmer to be checked, please return the baby to my chest as quickly as possible.
- I would like to initiate breastfeeding in the operating room.
- Please do not give me any sedating medications. I would like to clearly remember my baby's birth and first day of life.
- I would like the baby and my support people to remain with me in the operating room for the duration of my surgery and to accompany me to the recovery room.
- I would like the baby to remain skin-to-skin with me in recovery.
- I would like to delay my newborn's bath for (insert length of time) so that we can have more time to bond and breastfeed.
- I would like all infant medications to be administered with the baby on my chest. My baby will be receiving (insert requested medications).