

Rebecca (Becki) OBrien's Birth Plan (In case of needed hospital transfer: St. David's North)

Natural Beginnings Birthing Center

Doula: Jess Edwards

Negative for Strep B, CBC WNL, negative for any condition (HIV, CF, etc.) Blood type: A positive

Mother: Rebecca OBrien (7/17/1988)

Father: Byron Yoo

Due Date: September 21, 2020

Important notes:

- It is my desire to have a **natural childbirth!**
- I prefer to not be offered pain relief unless medically necessary. If I feel that I need pain relief I will request it.
- I am a registered dietitian that practices functional integrative medicine, as a health care practitioner, I am knowledgeable about iatrogenic complications and drug interactions.
- In the event of unexpected labor events or complications I prefer to be able to make informed decisions about my own care and would like to discuss any options or interventions with my midwife, husband and doula.

Environment:

- Please keep birthing space dimly lit with few people coming in and out
- I will provide my own music
- I plan to eat and drink as desired during labor
- I prefer to be as mobile as I can
- I would like to use the bath to labor and/or birth in
- I will be using relaxation techniques, movements, and other comfort measures for natural pain relief
 - Birthing ball, massage, walking, water, TENS unit etc.
- I would like my support team in the room with me
 - Byron Yoo (husband), Jess Edwards (doula)

Birth:

- I prefer intermittent fetal monitoring
- I do not want an IV unless I become dehydrated
- I prefer my bag of waters to break spontaneously
 - Once broken, please limit vaginal exams
- I would like the opportunity to try the following before medical augmentation is offered:
 - Change positions, nipple stimulation, acupressure, walking, relaxation, etc.
- I would like to avoid episiotomy and would prefer to tear naturally if medically possible.
- If possible, I would like to use perineal massage with oil and warm compresses to help avoid the need for an episiotomy.
- When crowning, I might request to use a mirror to see the progress of my pushing
- Avoid forceps/vacuum extraction unless medically necessary, vacuum extraction preferred if needed

After Birth:

- Once my baby is born, I would like for him to be placed on my chest for skin to skin contact immediately and begin breastfeeding ASAP
- I will be exclusively breastfeeding. Please do not offer my baby a pacifier or supplements.
- I prefer delayed cord clamping (until pulsating stops) if medically possible. Husband will cut the cord.
- Keep placenta (doula Jess Edwards to encapsulate)
- I prefer all newborn procedures be delayed until 2 hours after birth:
 - Decline eye ointment (negative for STDs)
 - Vitamin K Shot (preservative-free), to be administered while breastfeeding/holding my baby
 - NO VACCINES or other interventions!
- Please perform all procedures with us present and allow baby to stay with us at all times
- No bath for baby, baby may be placed on my chest during herbal bath

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IN CASE OF HOSPITAL TRANSFER

NICU Plan:

- If baby needs NICU care, Byron Yoo (dad) will go with baby until I am able to attend
- I want support/help expressing colostrum and will still be exclusively breastfeeding
- Please discuss all interventions and medical care with myself or Byron Yoo if I am unable to be present

Cesarean Plan:

- In the event of a cesarean section, I would like my husband and doula in the room
- I would prefer a **Gentle/Family Centered Cesarean** – skin to skin contact and breastfeeding as soon as possible and partner to hold baby skin to skin immediately
- I would like the drape lowered so I can view delivery of the baby
- I would like my own music playing
- I would like to be conscious and informed as to what is happening
- Local anesthesia only, no additional medications for relaxation/sedation
- I will practice vaginal inoculation using non-sterile gauze and will swab baby immediately after birth

Please see addendum documents for informed consent of refusal of separation of my baby in the event of known or suspected COVID-19.

I DO NOT CONSENT TO COVID-19 TESTING.

In the event COVID-19 is confirmed or suspected, **I DO NOT CONSENT to separation of my baby** and plan to breastfeed and for baby to remain in my care while in the hospital per current recommendations of the CDC, WHO, AAP and ACOG.