

# My Cesarean Goals

Mother: \_\_\_\_\_

OB: \_\_\_\_\_

Partner: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Baby: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Overview:** We would like to accomplish the following things during the birth of our baby as long as there are no complications with mom or baby. We hope to make our Cesarean delivery as safe, intimate and family-centered as possible by addressing our physical and emotional needs with the following requests.

For pain relief, I would like (*check one*):

- ☐ an epidural.
- ☐ a spinal.
- ☐ general anesthesia.

Prior to delivery, I would like (*check all that apply*):

- ☐ to meet the members of the OR team who will be with me during delivery.
- ☐ an explanation of the procedure before I am taken to the OR.
- ☐ an explanation of the medications that will be used.
- ☐ my partner/spouse/family member/doula to accompany me in the delivery room.

During delivery, I would like (*check all that apply*):

- ☐ aromatherapy to help with anxiety, stress, and surgical smells.
- ☐ to wear my own labor and delivery gown.
- ☐ to choose the music played during the procedure.
- ☐ talk in the operating room to be limited to my delivery; please remember it is a special time for me.
- ☐ ECG leads placed on my back so my chest is free for skin to skin contact once my baby is born.
- ☐ hospital staff limited to my own doctors and nurses.
- ☐ to allow student nurses and residents in the OR during my delivery.
- ☐ my hands to be kept free so I can hold my baby upon delivery.
- ☐ my spouse/partner to take pictures/video of the delivery of my baby to help it be as personal and intimate as possible.
- ☐ the procedure explained to me as it happens.
- ☐ a clear or lowered drape so I may be able to see the birth of my baby.



Immediately following delivery, I would like (*check all that apply*):

- ☐ my spouse/partner in the OR to announce the gender of our baby.
- ☐ to delay cord clamping until the placenta/cord has completed pulsing.
- ☐ my spouse/partner to cut the umbilical cord.
- ☐ immediate skin-to-skin on me or my spouse/partner.
- ☐ the lights dimmed so that baby will be encouraged to open her eyes.
- ☐ the vernix left on the baby so that I can rub it in.
- ☐ to allow baby to latch on as soon as possible within 1 hour of delivery.
- ☐ to delay measurements/assessments of my baby so that we may remain skin-to-skin.
- ☐ to have measurements/assessments performed while the baby is on my chest if they are needed immediately.
- ☐ to delay eye ointment/vaccinations.
- ☐ to delay my baby's first bath.
- ☐ to save my placenta for encapsulation.
- ☐ to bank/donate the cord blood.
- ☐ my birth partner/spouse/doula/family member to accompany my baby to the NICU/Nursery if a transfer is needed.
- ☐ my baby to receive formula, sugar water, a bottle, or a pacifier during our stay.
- ☐ to first discuss hand expressing colostrum for my baby, if formula or sugar water is medically indicated.

During recovery, I would like (*check all that apply*):

- ☐ family to visit within 1-3 hours after birth.
- ☐ a lactation consultant to visit to help with latching or other breastfeeding concerns.
- ☐ to hand express after feedings to give the extra colostrum to my baby and help my milk come in.
- ☐ my other children to come in to meet the new baby.
- ☐ my IV, catheter, ECG leads, etc. removed as soon as possible.
- ☐ to eat and get up to use the restroom as soon as I feel ready and able to following delivery.

