

Newborn Care Plan Worksheet

Newborn Care Preferences

Mother's Name: Geetanjali Chakraborty

Baby's name: undecided

Baby's Doctor: Dr. Awesome Doc

Breastmilk: YES

Formula: NO

Newborn concerns, issues, wishes and/or fears:

...

My previous experience with newborns: daughter born in 2012

Preferences Regarding Newborn Examinations and Procedures (immunization, circumcision, contact with baby, and routine procedures):

- Skin-to-skin
- Delayed cord clamp for 5 minutes
- Skip eye ointment

Preferences for unexpected problems for the baby:

I would like the decision team to include my doctor and my husband

Emotional needs (infant care, feeding and so on):

Skin-to-skin

Birth Plan Worksheet

Name: Geetanjali Chakraborty

Due Date: 06/24/2017

Primary Caregiver: Dr. Awesome Doc

My support people will be: Somik Raha (Husband)

Their role will be: Support in labor. In case of c-section, I want Somik to be with me in the OR.

We realize that our birth plan is neither a contract nor a guarantee of an uncomplicated labor.

Our purpose is to introduce ourselves and to help you understand our preferences.

Introducing ourselves:

Hi, I am Geetanjali. I was a biology researcher at Stanford University and am now an Ayurvedic Clinical Specialist. My husband, Somik, is a Decision Analyst. He and I are eagerly awaiting our new arrival. We look forward to working with the hospital staff to have a safe and enjoyable experience.

Important wishes, issues, fears, or concerns regarding mother and baby:

I would like:

- a nurse who can support a medication-free natural birth
- a hep lock for IV [NOTE TO PARENTS: The hep lock lets you move during labor and does not keep you tied down to the IV apparatus all the time]
- an intermittent monitor instead of a continuous one [NOTE TO PARENTS: The intermittent monitor lets you move during labor instead of being stuck to the bed in one position. Hospital policy requires monitoring of infant heart beat during two contractions. Spouse or mother's advocate needs to ensure that nurses don't keep the monitor on beyond that and allow the mother to move freely during labor. The key criteria is normal heartbeat during two contractions and as long as that is met, the monitoring is unnecessary, prolongs labor and makes it uncomfortable for the mother.]
- soft music (we'll bring it) during my labor and delivery if that is permissible
- the baby's birth time to be recorded when the head is out and when the complete body is out

Preferences for managing labor and pain:

- I would like to be able to squat instead of lying on my back
- I do not want to be offered pain medication unless I ask for it with the code word "mango" [NOTE TO PARENTS: This allows the mother to make a conscious decision during labor at a time when normal communication is difficult. Pick a code word that works for you.]
- I would like an epidural or c-section to be offered ONLY IF ABSOLUTELY NECESSARY

Preferences for normal labor and birth:

First stage of labor (positions, movement, comfort measures, food and beverage):

- I would prefer to labor at home during this stage

Second stage of labor (positioning and pushing efforts):

- I would prefer not to lie on my back when pushing. I would instead prefer the following positions:
 - o Squatting
 - o Hands and knees
 - o Side lying
- I would like warm counterpressure while pushing

Third stage and first hours after birth(for mother and baby):

- I prefer a delayed-cord-clamp for a minimum of 3 minutes or until cord pulsation has stopped. I would like my husband Somik to cut the cord. [NOTE TO PARENTS: Research has shown that cutting the cord at least 5 minutes after birth is ideal – the cord keeps pulsing with mother's blood going to the infant. Traditional cultures only cut the cord after the pulsing fully stops – that is nature's way of indicating that it is time. However, doctors fear that somehow infants will get jaundice. A thorough scan of the medical literature reveals no evidence to support this. On the

other hand, babies who have 3 minutes or more of a delay in getting their cord cut show a much higher level of immunity as iron is passing through from the mother. This immunity seems to last at least the first three months of life. This was the single big decision that caused us to change doctors at the last minute. We were of course ready to accept exceptional situations and our preference was that if there were no complications, we wanted a delayed cord clamp. One complication that can arise is the baby pooping before coming out. Baby poop in the womb is called meconium and doctors worry that this can get into their lungs. That is one reason for immediately cutting the cord. However, I have heard (from our first baby's doula) that there is not much impact that the doctors' intervention has – things resolve on their own. I am yet to confirm this with my own research – sharing this so you can look it up.]

- Skin-to-skin contact with baby [NOTE TO PARENTS: This is critical for good and timely latching and for mother's healing to begin.]
- Skip eye ointment for the baby [NOTE TO PARENTS: This is only necessary if either parent has sexually transmitted diseases.]
- Skip Hep-B vaccine [NOTE TO PARENTS: This is too early – Hep B is not something infants are at risk for, unless their parents have it. This is a vaccine that can be given after our baby is a little older and has a stronger immune system.]

Preferences for unexpected events:

Induction, augmentation, or complicated labor:

- If an episiotomy is deemed necessary, I would like my permission taken for it
- I prefer non-medical induction methods to be tried first. These may include:
 - o Chiropractor
 - o Accupuncture
 - o Labor Tincture

[NOTE TO PARENTS: This is the only part that our doctor told us he would not be able to support, simply because our hospitals are not setup for this. We were ok with that.]

Caesarean birth:

- My husband should accompany me throughout

Post-birth in Labor Room:

- I don't want pitocin after baby is born as I plan to breastfeed, which should naturally trigger oxytocin and help induce the contractions necessary to heal my uterus. If there are concerns that require pitocin, I would like me and my husband to be fully informed of the need for it and our consent taken before it is given
- If you decide to save my cord blood for research or other purposes, I would like me and my husband to be asked for consent first

Preferences for Postpartum in The Hospital for New Mother:

I plan to Breastfeed

Concerns and Questions:

Will I have a private room for recovery?

Feelings about visitors:

I will let my husband decide

Controlling pain:

I do not want to be offered pain medication unless I ask for it explicitly with the code word "mango"

Follow-up and discharge:

I would like an early discharge (12-24 hours) provided everything with the baby and me are normal. In such a situation, thank you for coordinating the paperwork to let me go in 24 hours.

[NOTE TO PARENTS: Doctors are not in much of a hurry to get us out. If things go "normally" and mother is feeling fine, you'd save unnecessary hospital bills by getting the hospital to discharge you within 24 hours.]