

Delivery Care

We hope to help make your delivery one of the most happy/special days of your life. We also understand that each person has a different idea of what is ideal for this. While we will be as respectful to your wishes as possible our number 1 goal is “healthy baby, healthy mom”. We’ve outlined our standard of care below covering most aspects people consider in birth plans. These are based off of professional organization recommendations. If you desire anything different than stated please let us know prior to 24 weeks so that we may all discuss your request.

- **Support Persons:** Per hospital policy we allow 2 support persons in the room for a vaginal delivery and 1 for a cesarean section
- **Room Environment:** You may play music, use aromatherapy, etc as desired.
- **Positioning:** Generally you may walk, use a ball or position yourself as comfortable. These can often be done with continuous monitoring however if monitoring becomes difficult adjustments may be needed
- **Water:** You may shower in early labor if continuous monitoring is not needed. Water births have been proven to have a higher incidence of bad outcomes and for that we do not allow them
- **IV Access:** You must have IV access in case of an emergency. IV fluids will be necessary if you are GBS + and need antibiotics, need Pitocin, have an epidural and/or for a variety of other reasons.
- **Monitoring:** Continuous fetal monitoring will be used if induction or augmentation with Pitocin is necessary, after rupture of membranes, if there are any concerns with the monitoring and at physician discretion
- **Oral intake:** there is no food allowed during labor. We do allow a small amount of clear liquids if everything is going well.
- **Pain control:** if you desire pain control there are the options of IV medication and epidurals. While neither is mandatory if you would like something epidurals are generally considered safer and much longer lasting.
- **Pitocin:** Augmentation may be necessary in multiple circumstances including no cervical change and rupture of membranes without labor starting soon after. Pitocin will routinely be used after delivery to prevent maternal hemorrhage.
- **Episiotomy:** These are performed at physician discretion and only if medically necessary
- **Vacuum/Forceps:** These are used only if necessary to help quickly deliver for medical reasons
- **Mode of delivery:** While we hope as most patients do for a vaginal delivery, it is our secondary goal with the first always being “healthy baby, healthy mom”. If a C-Section seems like it will become needed we will do our best to discuss this with you beforehand. In emergency situations we will continue to talk with you while proceeding as needed.
- **Umbilical Cord:** After delivery we will allow for 30-60 seconds to pass prior to clamping the cord. Mom or a support person are welcome to cut the cord. If you would like to donate or collect cord blood please bring your kit (if applicable) and let us know when you arrive to labor and delivery.
- **Skin to skin:** We will immediately place baby on your chest following delivery unless you direct us otherwise or the baby needs evaluated right away by the pediatrician
- **Infant:** Your baby will be given Azithromycin eye drops, Vitamin K and Hepatitis B vaccines immediately following delivery. If there are any issues with these or other concerns regarding the baby please discuss with your pediatrician.