

Birth Preferences for Cris and Steve Welsh

We would like a natural, unmedicated vaginal birth. We understand that complications may arise, if complications do arise we would like to be fully informed so that we may discuss our options. All communications regarding our decisions should be directed through Steve Welsh.

We request a private, relaxed atmosphere and a staff that is encouraging of our chosen options.

Labor and Medication:

- We realize that many pain medications exist, we do not care to use any pain medications. We are looking forward to having a natural vaginal birth. Please do not offer us any medication during labor.
- Please direct any questions regarding medical decisions to Steve.
- We would like to be free to walk around during labor.
- We wish to be able to move around and change position at will throughout labor.
- We are planning to keep Cris hydrated by drinking fluids, eating ice chips, etc., in order to avoid needing IV fluids.
- We will be bringing our own music to play during labor.
- We would like the environment to be kept as quiet as possible.
- We would like the lights in the room to be kept low during our labor.
- We would prefer to keep the number of vaginal exams be limited to upon arrival and the urge to push. We also prefer that the same attendant perform both exams.

Monitoring

- We would prefer the use of the Fetoscope over the Doppler.
- We do not wish to have continuous fetal monitoring unless it is required by the condition of the baby.
- We do not want an internal monitor unless the baby has shown some sign of distress.

Labor Augmentation/Induction

- We do not wish to have the amniotic membrane ruptured artificially unless signs of fetal distress require internal monitoring.
- We would prefer to be allowed to try changing position and other natural methods (walking, nipple stimulation) before pitocin is administered.
- We want the birthing process to be unhurried and do not care to have vacuum extraction of forceps used.

Cesarean

- Unless absolutely necessary, we would like to avoid a Cesarean.
- If our primary care provider determines that a Cesarean delivery is indicated, we would like to obtain a second opinion from another physician, if time allows.
- If a Cesarean delivery is indicated, we would like to be fully informed and to participate in the decision-making process.
- We would like Steve present at all times, if the baby requires a Cesarean delivery.
- If a Cesarean is necessary, please only administer an epidural.
- If a Cesarean is necessary, cut with a horizontal incision and suture the incision with stitches in multiple layers.
- Please place the baby on Cris' chest immediately after birth.
- Steve will accompany the baby at all times.

Episiotomy

- We would prefer not to have an episiotomy unless absolutely required for the baby's safety.

- We are hoping to protect the perineum. Cris is practicing ahead of time by squatting, doing Kegel exercises, and perineal massage.
- We would appreciate guidance in when to push and when to stop pushing so the perineum can stretch.
- If possible, we would like to use perineal massage to help avoid the need for an episiotomy.
- We would prefer a tear rather than an episiotomy.
- We would like a local anesthetic to repair a tear or an episiotomy.

Delivery

- We would like to be allowed to choose the position in which Cris gives birth, including squatting.
- We would like Steve to support Cris and her legs as necessary during the pushing stage.
- We would like to try to deliver in a squatting position, using Steve or a squatting bar for support.
- Cris would like the chance to touch the baby's head when it crowns.
- Even if Cris is fully dilated, and assuming the baby is not in distress, we would like to try to wait until she feels the urge to push before beginning the pushing phase.
- We would appreciate having the room lights turned low for the actual delivery.
- We would appreciate having the room as quiet as possible when the baby is born.
- We would like to have the baby placed on Cris' chest immediately after delivery.

Immediately After Delivery

- We would like to have Steve cut the cord.
- For the safety of the baby, we would prefer that the cord is cut immediately, as Cris has O- Blood and Steve is AB+.
- Cris will submit to a RhoGam Shot after the birth, using only BayRho brand that is thermosil and mercury free. Steve will be shown the vial prior to injection.
- We would like Cris to hold the baby while she delivers the placenta and any tissue repairs are made.
- We would like Cris to hold the baby for at least fifteen minutes before the baby is photographed, examined, etc.
- We would like to have the baby evaluated and bathed in our presence.
- We plan to keep the baby near us following birth and would appreciate if the evaluation of the baby can be done with the baby on Cris's abdomen, with both of them covered by a warm blanket, unless there is an unusual situation.
- If the baby must be taken from Cris to receive medical treatment, Steve will accompany the baby at all times.
- We would prefer Cris or Steve to hold the baby rather than have the baby placed under heat lamps.
- We do not want a routine injection of pitocin after the delivery to aid in expelling the placenta.
- We do not want any eye medication for the baby.
- We do not want a PKU test to be performed, it will be performed at the pediatrician's office within 72 hours.
- After the birth, we would prefer to be given a few moments of privacy for Cris to urinate on her own. We do not want Cris to be catheterized
- We would like to donate the umbilical cord blood if possible.
- We would like to save the placenta after it is delivered.
- Absolutely NO VACCINATIONS of any sort are to be administered to the baby
- Steve or a member of the family will accompany the baby for any and all test, etc...

Postpartum

- We would like a private room, if available.

- Unless required for health reasons, we do not wish to be separated from our baby, in such a case, Steve or a member of the family will be with the baby at all times.
- We would like to have the baby "room in" and be with us at all times.

Breastfeeding

- We plan to breastfeed the baby and would like to begin nursing immediately after birth.
- Unless medically necessary, and we have consented, we do not wish to have any bottles given to the baby.
- We do not want the baby to be given a pacifier.
- Please do not give our baby supplements of glucose water or formula milk without our permission. We would expressly like to avoid having any formula unless it is unavoidable and full discussed with Cris and Steve.
- Under no circumstances is my baby to be bottle-fed as this could lead to nipple confusion and hinder breastfeeding. If supplements are necessary, please give them by spoon or other method, not by bottle.

Circumcision

- We do not want the baby circumcised

Photo/Video

- I would like to take still photographs after labor and the birth.
- I would like to make a videorecording after labor and the birth.

Other

- Our support people are Claudia Conn, Pam Eaton, Jim Eaton, Claire Welsh and Steve Welsh, Sr. and we would like them to be present during delivery. We would like Claudia Conn to be present during labor.
- We would prefer that no students, interns, residents or non-essential personnel be present during my labor or the birth.

Going Home

- I would like to go home as soon after the birth as I am able to move.

Home Birth Plan

Steve and I are very excited that we have chosen you as our birth team to deliver our baby at home. We both feel very appreciative to have you in attendance at the most important time of our life. Steve and I feel like we are all completely on the same page but thought we would outline our thoughts for our birth preferences.

We are excited to have you at the birth of our child and look forward to your support, encouragement and your experience and expertise to guide us through labor and offer suggestions along the way.

The Labor:

- I would like to remain active and use whatever position I find comfortable. Unless labor is progressing too quickly, please encourage me to stay off my back
- I may wish to move throughout the house and to use the bath or shower from time to time.
- I would like to minimize internal examinations, unless there is a particular reason why you think one is necessary.
- Please do not offer to break my waters, and please be very careful to avoid doing so during any internal examinations.
- If the baby appears to be poorly positioned or labor is not progressing well for some reason, I would appreciate it if you could suggest changes of position or movements, which might help.
- I would like to have music playing during the labor, Steve will take care of all ambiance settings.
- I may wish to use aromatherapy/herbal remedies/homeopathy during the labor

Birth Companions

- Steve and I intend to remain upstairs for the labor but would very much enjoy family being present downstairs and out of the way. The following people may come to our home during the labor or birth:
 - Pam and Jim Eaton (Cris' Parents)
 - Claire and Steve Welsh (Steve's Parents)
 - Grandma Claire (Steve's Grandmother)
 - Kristen and Kevin Welsh (Steve's brother and sister)
 - Jimmy and Valerie Eaton (Cris's Brother and Sister-in-law)
- Steve will be there to coach, in the event that Steve gets tired Pam or Claire may come in to help
- Steve's Phone numbers are:
 - Work: 404-894-3497
 - Cell: 770-377-5296
- Claire and Steve Welsh
 - Work: 770-640-6600
 - Cell: 770-377-6646
 - Home: 770-475-8497

- Jim and Pam Eaton
 - Work: 770-429-9733
 - Cell: 678-910-9018
 - Home: 770-928-6595
- Kristen Welsh
 - Cell: 770-827-8156
- Kevin Welsh
 - Cell:
- Jimmy and Valeree Eaton
 - Home: 770-516-5511
 - Cell: 770-355-4633

Birthing Pool

- We have purchased a birth pool set up.
- We would like to have a water birth if possible and would appreciate your support in encouraging me to give birth underwater.
- We are alright with the use of Doppler in the birthing pool.

Pain relief:

- We hope to manage using no drugs for pain relief, and would appreciate your encouragement to use other methods. For example, I might use movement, massage, relaxation, or a birth pool.

The birth:

- We only wish to have an internal examination to confirm whether or not Cris is 'ready' to push.
- We would like to give birth upstairs, wherever seems right at the time.
- We would like Steve to 'catch' the baby, and would prefer Claudia to assist and intervene if there is an emergency.
- When our baby is born, please place the baby skin to skin on Cris's chest.
- We would like to avoid perineal damage if possible and would appreciate your guidance in giving birth gently to accomplish this. However, we would rather tear naturally than have an episiotomy.
- We would like to have relaxing music playing when our baby is born.
- We would like the lights dimmed when our baby is born, and for the minimum amount of noise to be made. We hope that it will be a gentle entry into the world.
- Please do not suction mucus from the baby's nose and mouth 'just in case' - only suction if necessary.

Third Stage:

- We plan to have a fully natural third stage, and to allow the placenta to turn up in its own time.

- Please do not administer any drugs unless you feel there is a real need.
- We would appreciate your advice to help Cris deliver the placenta naturally.
- If we give birth in the pool, Cris would like to get out of the water for the third stage.
- Please offer Steve the opportunity to cut the cord if possible.
- We do wish to keep the placenta

Care of the baby:

- We would like Cris to breastfeed our baby as soon as possible after the birth
- We would like to keep the baby unclothed and close to Cris' skin immediately after birth, to maximize skin-to-skin contact .

Repair of the Perineum, if necessary

- We would prefer to avoid having stitches if possible, so if you think any tear will heal of its own accord, without stitches, please let us know.

In case of transfer to hospital: (please see attached hospital birth plan)

- If transfer by ambulance becomes necessary, please do not strap me in on my back - I would prefer to be on my side, to make contractions easier to deal with.
- Please do not offer Pethidine/Demerol as we are concerned about its possible effect on Cris's state of mind in labor, and on our baby's health. At this stage, if something must be administered, we would prefer to have an epidural.
- We do not agree to any student doctors being present during our treatment
- We wish to avoid a caesarean section if it is at all possible. Please do not offer a caesarean unless my baby is in danger.
- We particularly would like to avoid a caesarean just for slow progress. If labor is simply taking a long time but our baby is not in immediate danger, please encourage Cris to keep going and perhaps to try changes of position or movements which might help.
- If a caesarean section becomes necessary, I would prefer to remain awake with epidural. Steve will stay with Cris and the baby at all times.

If there are problems after the birth:

- We are alright with the use of an injection to stop hemorrhage.