Cesarean Birth Plan PLEASE NOTE: I am GBS+ This plan reflects my current preferences and may change as needed for my or my baby's safety. I have Rh incompatibility with baby Name: __ I have a fear of needles I prefer trauma-informed care My Support/Partner: _____ Other: _ Doula/Other: I do not consent to medical or nursing students being present or providing care during my labor and delivery. BEFORE BIRTH BIRTH & IMMEDIATELY AFTER BIRTH INTRAVENOUS (IV) LINE I would like: Placed in forearm or hand if possible Immediate skin-to-skin contact Delayed cord clamping for _ I WOULD LIKE A GENTLE CESAREAN INCLUDING: Cord trimmed by: ___ Warm blankets Uninterrupted "Golden Hour" Monitor leads placed away from my chest Assistance with breastfeeding Blood pressure cuff on the arm I will not use to hold baby Delay non-urgent tests or procedures Partner/support person present at my head To save my placenta Clear or lowered drape so that I can watch baby being born For my support person to accompany baby at all times I do not want: Other preferences: _ My baby suctioned unless it's medically necessary Vernix removed/wiped off my baby CORD BLOOD BANKING PLAN: NEWBORN PROCEDURES I decline eye antibiotics for baby I request: I decline Vitamin K shot for baby Rooming-in with my baby 24/7 I decline Hepatitis B vaccine for baby Assessments or medications given in my room or while holding baby I decline 24hr Newborn Screening/PKU Delay baby's bath during hospital stay I decline circumcision for baby boy The PKU collection while I am holding or breastfeeding baby Baby's blood type in the lab requisition Baby boy to be circumcised LACTATION / FEEDING My feeding plan: ___ I do not want my baby given, unless necessary: Formula Sugar water Pacifier

If supplementation is needed, prioritize colostrum, donor milk, and then formula.

Initiate hand expression and pumping
Use alternative feeding methods
Request a Lactation Consultant ASAP