C Section Birth Plan

Patient information	
Name:	
Due date/Planned C-section date:	
Support person(s):	
Medical history:	
Preferences for the day of surgery	
Arrival time at hospital:	
Hospital bag	Support person in operating room
	capport percent in operating reem
I have packed the essentials for myself and my	
I have packed the essentials for myself and my baby.	☐ Yes
	☐ Yes☐ No
baby.	
baby. ☐ Yes	□ No
baby. ☐ Yes ☐ No	Name: Photography/video of baby being born
baby. ☐ Yes ☐ No	□ No Name: Photography/video of baby being born □ Yes
baby. ☐ Yes ☐ No	Name: Photography/video of baby being born
baby. ☐ Yes ☐ No	□ No Name: Photography/video of baby being born □ Yes

Type of anesthesia preferred	Skin-to-skin contact
☐ Spinal block	I would like immediate skin-to-skin contact with my baby after birth.
☐ Epidural	☐ Yes
☐ General anesthesia (if necessary)	□ No

Umbilical cord cutting	Gentle Cesarean technique
 Delayed cord clamping Partner to cut the umbilical cord (if possible) Doctor to cut the cord 	Please lower the drape during the birth so I can watch the baby being born. Yes No
Music or calm environment	Preferred music or playlist
Music or calm environment I would like to have calm, soothing music during the procedure.	Preferred music or playlist
I would like to have calm, soothing music during	Preferred music or playlist
I would like to have calm, soothing music during the procedure.	Preferred music or playlist

Post-surgery preferences

Baby's immediate care	Breastfeeding preferences
I would like to hold my baby immediately after birth.	I would like to breastfeed my baby as soon as possible after birth.
☐ Yes	☐ Yes
□ No	□ No
Newborn procedures	Support person to stay with baby
Please delay non-urgent newborn procedures (such as weight measurement or bathing) so I can have time with my baby. Yes No	If I am unable to hold my baby immediately, I would like my support person to stay with the baby. Yes No
	Name of support person:

Additional considerations

Medical prefer	ences
	is is major surgery, and I trust the medical team to make decisions if needed during or the safety of my baby and myself.
☐ Yes	No

Preferences regarding a vaginal delivery
If circumstances allow and labor begins before the scheduled C-section, I am open to attempting a vaginal delivery.
☐ Yes No
Urinary catheter
I would like to know when the urinary catheter will be inserted.
☐ Yes No
Presence of other children
I would like my other children to be part of the experience (e.g., visiting after birth).
☐ Yes No
Names of children (if applicable):
In case of emergency
In the event of an emergency or unplanned circumstances, I trust the medical team to make decisions in the best interest of my baby and me. Please keep me and my support person informed at all times.
Parent(s) signature:
Healthcare provider information
Mother's OB-GYN: Signature:
Date: