

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
I have packed the essentials for myself and my baby. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Content of the bag:	Name:
	Photography/video of baby being born <input type="checkbox"/> Yes <input type="checkbox"/> No

During surgery

Type of anesthesia preferred	Skin-to-skin contact
<input type="checkbox"/> Spinal block <input type="checkbox"/> Epidural <input type="checkbox"/> General anesthesia (if necessary)	I would like immediate skin-to-skin contact with my baby after birth. <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____