

# CAESAREAN SECTION BIRTH PLAN

Childbirth does not always go as we would like. Sometimes, having a caesarean is inevitable, so it is best to discuss the possibility with your doctor. The more information you have, the easier it is to make informed choices and the more positive your experience will be.

naître **¤grandir** 



DURING MY DELIVERY, I WILL BE ACCOMPANIED BY:

\_\_\_\_\_

## PREFERENCES PRIOR TO THE CAESAREAN SECTION:

Shave only where the incision will be made

Insert the urinary catheter after I've had my anaesthetic so that it's less painful

Local analgesia so that I'm conscious during the procedure

Medication to help me relax during the procedure

### 3 ADDITIONAL PREFERENCES:

Birth partner present in the operating room

Running commentary on how the procedure is going

No restraints on the operating table, or at least none during the birth so that I can touch my baby

Drapes lowered so I can see my baby

Mirror ready so I can view the birth

#### 4 POSTPARTUM PREFERENCES:

Opportunity to see, touch, and hold my newborn baby before being taken to the recovery room

Baby and birth partner to stay with me in the recovery room

Go back to my room as soon as possible so that I can begin the rooming-in process

## 5 PREFERENCES REGARDING THE UMBILICAL CORD:

Wait two minutes after the birth before cutting the cord

Wait until it stops beating before cutting the cord Have my birth partner cut the cord

## 6 IF BABY IS DOING WELL AND DOESN'T NEED SPECIAL CARE:

Bring my baby to me immediately to initiate skin-toskin contact

Have my birth partner hold my baby if I'm not ready

Perform all non-urgent checks in the presence of at least one parent and on me if possible

Do not bathe my baby right away, as I would prefer to give the first bath myself

Have my birth partner take over for any checks and skin-to-skin contact if it is absolutely impossible for me to stay with my baby

#### PREFERENCES REGARDING FEEDING:

Breastfeed as soon as possible (no infant formula)

Breastfeed as soon as possible and use infant formula only with my permission

Infant formula

8	PLEASE NOTE THE FOLLOWING	<b>ADDITIONAL</b>
	INFORMATION:	

Signature of mother	
Signature of partner	
Signature of doctor or midwife	