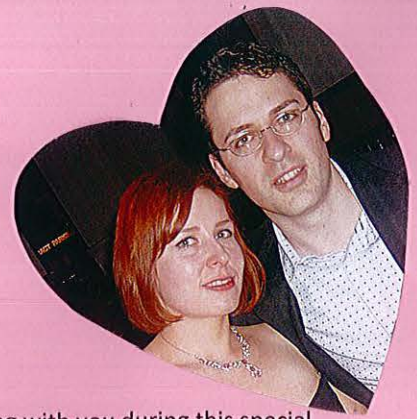


Mom: Sarah Veksler
Dad: David Veksler
Baby: Sophie Veksler
Doula: Alison Nantz

Birth Plan



Summary:

We are so excited to welcome our little girl into the world and look forward to working with you during this special time! It is our intention to have an unmediated natural delivery without intervention of any kind. My husband David will be coaching me through my labor. We also have a Doula, Alison, who will be with us throughout the birth to support us further and help us achieve the best experience we can given our circumstances. As natural unmedicated births take great commitment, relaxation, and concentration to achieve we hope that you will be respectful of our needs for a comfortable environment. By this we mean a calm, quiet, dimly lit room, with few interruptions. I wish to have freedom of movement and to eat and drink as needed during my labor and delivery to help me assume a comfortable relaxed state. I plan to use various natural methods of pain relief; please do not offer me any pain medication during my labor.

Stage One:

- I understand that monitoring is necessary, but I would prefer it to be done as little as possible. I am happy to have a vaginal examination on arrival at the hospital. After my initial exam I would like to limit my exams to every 6 hours to prevent the introduction of infection into the birth canal. When status checks are required I prefer the use of a speculum only, no gloved hands.
- My husband and I are strongly opposed to the use of ultrasound technology. If the baby needs to be monitored please use stethoscope or fetoscope monitoring only.
- It is our position that labor is best and safest when it is allowed to begin and commence on its own at its own pace. To that end we are opposed to stripping the membranes or early rupture of my membrane, or any other natural or unnatural methods of inducing or augmenting labor.
- I'd like the option of returning home if it is determined that I'm not in active labor.
- I understand that it is common practice in your hospital to administer a heparin lock upon admission, to facilitate optimal comfort I'd rather forgo it. Feel free to ask me to sign a waiver.
- Based on our research we find Cytotec (aka. Misoprostol) to be a dangerous drug, we will NOT accept its use under any circumstance. We will be happy to sign a waiver to this effect.
- If augmentation is necessary, I would like to try non-pharmacological methods before resorting to meds. If my midwife, OB, and I agree that pitocin is required, I request that it be administered following the low dose protocol and increased in intervals no closer than every 30 minutes, allowing my body an appropriate amount of time to adjust to each dose increase.

Stage Two:

- I plan to be as active during the pushing stage as possible, including choosing productive positions. I have scoliosis so please allow me to determine what is comfortable for me given my unique anatomy.
- It's important to me to listen to my body throughout this experience. Please allow me to determine when to push and for how long. It won't be necessary for me to have counting or cheerleading although positive encouragement and status updates are always welcome.
- I would like to be allowed to progress free of stringent time limits as long as my baby and I are doing fine.
- It is my preference to allow for natural perineal tearing rather than have a routine episiotomy.
- During crowning please inform me of when to stop pushing and provide perineal protection in the form of counter pressure to help prevent/minimize tearing.
- Should an episiotomy be deemed medically necessary because I or the baby is in emergent distress it is my preference to have median episiotomy.



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Stage Three:

- Upon delivery please place the baby on my abdomen. I hope to allow for immediate breastfeeding if the umbilical cord length allows.
- Allow for a natural breast crawl by the baby rather than a placed latch. Current research is showing that baby achieves the most optimal latch this way.
- We aspire to have a natural delivery throughout including the delivery of the placenta. Please do not tug on the umbilical cord or rush the delivery of the placenta. Breastfeeding will be established as soon as nature provides to facilitate uterine contractions. If placental delivery needs to be moved along because of medical concerns first try natural methods before moving to more aggressive tactics.
- Under the very rare circumstance that I should need a blood transfusion I want to receive a transfusion directly from my husband. He and I share the same blood type.
- Barring emergencies please allow my husband to cut the cord and have final say over when the cord can be clamped. We believe that delayed cord clamping and cutting will give our baby the best start in life by allowing her to have full blood volume. No clamping until the cord stops pulsing and has lost all color.
- Please allow for skin-to-skin contact for our family for several hours before providing non emergent care to our daughter. We feel this is an important time for family bonding and to establish breastfeeding.
- We hope to keep the placenta so please save it for us.
- After I deliver the placenta please do not administer routine pitocin, only if it is determined to be medically necessary and you have exhausted non-pharmaceutical options first.

Baby Care:

- As very involved parents with nontraditional views we want one or both of us by our child's side at all times, even in an emergency.
- We do not want the administration of drugs including ointment to the eyes, vaccines, vitamin injections, pacifiers, bottles, etc. We do have vitamin K drops that we would like administered to our daughter instead of the standard injection. One drop containing 500 mcg should be administered every other day per The Cochrane Collaboration's recommended oral dosing schedule. We will be happy to sign a waiver to forgo any of these standard procedures.
- When bath time arrives please bathe our baby with water only, no soap. Sponge off blood or fluids with water and rub in vernix. Vernix is the best lotion nature can provide!
- It is our intention that our daughter receives breast milk only, no formula, sugar water, or water under any circumstances.

If Caesarean is Required:

- Please allow my husband to be with me through the entire procedure. If our baby is in distress my husband will accompany the baby and I would like my doula to stay with me for support until the procedure is complete.
- I wish to have a two-layer closure rather than a single layer closure. This will hopefully be the first of several births to come and it is my understanding that a two layer closure will best facilitate a VBAC for subsequent children.
- I'd like the baby to be given to my partner as soon as she's dried, if appropriate.
- If the baby is healthy I hope to breastfeed my baby in the recovery room.

We Appreciate Your Support in our Birth Experience. Thank You For All That You Do!