**Gentle Cesarean Birth Plan for \_\_\_\_\_\_\_\_\_\_ and Baby \_\_-\_\_\_\_\_\_\_**

**Dear care providers**:

Thank you SO much for taking the time to care for our growing family. This is our birth plan for a gentle mother/ baby centered cesarean section. This is our **first child** and we are incredibly excitedto meet our baby. *Type a snall paragraph about you two and your baby. Do you know if the baby is a boy or girl?*

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**C-SECTION**:

* The birth team in the OR is \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I would prefer and Epidural or Spinal block, not general anesthesia. Do not give me any extra drugs for relaxation; I want to be fully present for the birth. Also, no additional pain medications without approval that may cause sleepiness.
* We would like a gentle and peaceful environment with the music of our choice playing in the operation room
* I would prefer my hands not be strapped down
* I would prefer for the screen to be lowered during delivery so I can see the baby.
* We request Delayed Cord Clamping, for as long as possible as long as baby is doing well. Preferably until the cord has stopped pulsing.
* We would like baby to be dried off but not cleaned off well, leave as much vernix on as possible.
* We would like the baby to be placed given to Dad as soon as possible and placed on Mom’s chest as soon as possible for the most immediate skin to skin as possible with baby. I want the options of breastfeeding initiation in the OR during repair.

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**POST-DELIVERY**:

* We would like to keep the **placenta** and take it home with us
* Delay all post-birth procedures like cleaning and weighing until later, we want to enjoy as much skin-to-skin as we can
* I plan to **breastfeed** **exclusively**, so please no bottles, formula or pacifiers at any time
* BABY:*NO* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter the newborn procedures you want or don’t want)**

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**This birth plan has been reviewed and approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_**