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Recommendations for Navigating Hospital Interventions

Main points

- You want all exams for the baby to be done in your room and preferably on your body, including for the bath.
- You want the baby in your room all the time. (Of course, you can change your mind at any time.)
- If having a c-section, let them know up front that you would like to breastfeed in the OR.
- As much as possible, try to have someone hold the baby skin-to-skin as much as possible.
- **Feedings**
    - Let everyone know the baby will be exclusively breastfed. This doesn't mean you can't change your mind.
    - Even if the baby is feeding well, it can be helpful to give them more milk by hand expressing and spoon feeding it.
        - This is an amazing site about hand expression: https://firstdroplets.com/
        - Watch: https://vimeo.com/348861789
    - If your baby isn't latching OR if they need more milk, hand express colostrum.
    - Instead of a bottle, spoonfeed or cup feed hand expressed colostrum to the baby.
        - Spoon feeding - https://youtu.be/UT9fgMEOfKw
        - Syringe feeding https://www.youtube.com/watch?v=X3tVY_lXvJ0
        - Cup feeding - https://youtu.be/X2t57eNGMEs
        - If you give donor milk or formula, consider syringe or cup feeding instead of using a bottle. It will minimize flow preference. https://youtu.be/X2t57eNGMEs
    - If you decide to or if it's medically necessary to feed formula let the staff know you want to all the feedings yourselves. You do not want the staff to feed the baby. (And use a cup, not a bottle.)
    - If there is a blood sugar issue and it's not an emergent issue, let staff you want to supplement with YOUR milk OR donor milk. You can also tell the staff that you know that skin-to-skin contact with you will raise the baby's blood sugar levels.

    - Continuous skin to skin helps improve breastfeeding so hold the baby even when they are sleeping.
    - Latching - https://youtu.be/wjt-Ashodw8
    - Really good breastfeeding looks like this - https://youtu.be/CrysrsFzBWY
- Try to sleep in shifts with your partner or support person.

Pack in/with your hospital bag

- Your breastfeeding book
- Your bed pillow
- Extra pillows to support you while breastfeeding. Leave the nursing pillow at home.
- Low key lighting
- Bluetooth speaker
- Essential oil diffuser
- Spoons and syringes to feed colostrum
- Cardigan or zip-up hoodie for your partner
- Pajama shirts that open in the front
- Soft blankets to cover the baby with
- Multiple copies of the birth plan and share it with each nurse. You will likely have up to 8 nurses taking care of you during your stay. Discuss it with your OB and make sure any residents and med students are aware of it.
- Bring your breast pump only to ask for the lactation consultant to check if the flanges are the correct size. If you need a breast pump, they will bring you a hospital-grade pump. If you need to remove milk, hand expression is the best way to do it. https://vimeo.com/348861789

If you have a c-section:

- **In the OR**
    - You want to hold the baby skin to skin in the OR and breastfeed them.
    - If you can't hold the baby, you want dad to hold the baby.
    - No eye ointment or at least not until breastfeeding is well-established
    - No bath until after the first breastfeeding session. (When the baby does go for the bath, turn off the lights and try to sleep. The baby will probably come back to you sleeping so it's a really good chance to get some rest.)
- **In the recovery room:**
    - Tell them you want to sit up as soon as possible.

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- Good positions for c-section feedings include:
  - football hold (or clutch) - https://youtu.be/nNZ4EpGJ5SY
  - side-lying - https://youtu.be/vX466lR6KT8

If the baby needs to be observed for a few hours in the NICU or is admitted to the NICU:

- Send your partner or support person with them. If they can't go in the NICU immediately, have them wait outside and ask to be brought in as soon as possible.
- Remind them that you want the baby to be exclusively breastfed and that you will hand express colostrum to be brought to them.
- Start hand expressing colostrum as soon as you get to the recovery room. Ask the nurse for a colostrum collector container or syringe.

If the baby is admitted to the NICU:

- Remind them that you want the baby to be exclusively breastfed and that you will hand express colostrum to be brought to them.
- Ask if your baby can be fed pasteurized human donor milk instead of formula.
- Ask to be brought to the NICU as soon as you can travel in a wheelchair.
- Once you are physically able to visit the baby in the NICU, you can usually sit at their bedside most of the day and night if you want.
- Ask to hold them skin-to-skin in the NICU. If that's not possible, ask if you can touch them in the isolette.
- Hand express and collect colostrum every 1.5-2.5 hours so the baby can receive your milk.
- Request that if the baby must receive formula that you would like to do the feedings.
- If the baby is in the NICU overnight, try to wake up at least every three hours to hand express your colostrum.
- Staff might try to bring you a breast pump. Focus on hand expression because pumps are rarely effective when mom still has colostrum because there's such little water in it. https://vimeo.com/348861789

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Birth Plan Recommendations

During Labor

- I am willing to have a heplock but I don't want to be attached to a IV bag so I can be mobile.
- I do not want antibiotics during labor.
- Please only offer pain medications if I ask for them.
- After medical guidance for pain relief, I would appreciate some private time with my partner to discuss which pain management technique or medication I would like to use.
- I would like to feel unrestricted in accessing any sounds of chanting, grunting, or moaning during labor.
- I prefer to keep my door closed while I am in labor.
- As long as the baby and I are healthy, I prefer to have no time limits on pushing.
- I want the option of using nitrous oxide for pain relief.
- I want to move freely.
- I want the option to use the laboring tub.
- I want my water to break naturally.
- I want mobile or intermittent fetal monitoring.
- I would like cervical exams to be performed only when necessary.
- I do not want an episiotomy.
- I have prepared my perineum to minimize tearing.

During Delivery

- I would like the lights to be dimmed during my delivery.
- I would like to view the birth using a mirror.
- I would like to touch my baby's head as it crowns.
- I would like to catch my baby and pull them onto my abdomen as they are born.
- I would like for our baby to hear our voices first.
- If a C-Section is not an emergency, please give my partner and me time alone to think about it before asking for our written consent.

After Birth

- I plan to exclusively breastfeed my baby.
- I would like to see the lactation consultant as soon as possible.
- I want my baby placed on my chest immediately after birth.

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- I would prefer for the placenta to be born spontaneously without the use of pitocin, and/or controlled traction on the umbilical cord.
- I would like to delay routine pitocin after the placenta is born unless there are any signs of hemorrhaging.
- I want the cord to finish pulsing before cutting it.
- I do not want my baby wiped clean. I would like to leave the vernix on their skin.
- Please don't swaddle my baby or put a hat on them unless they are sleeping in their bassinet or being transported.
- To keep us warm, once my baby is on my chest you can cover both of us with a warm blanket.
- Routine procedures:
    - I do not want the baby to receive eye ointment.
    - Please place my baby on pulse oximetry after 24 hours of life to rule out any obvious heart conditions present at that time, as recommended by the federal government, American Academy of Pediatrics and American Heart Association.
    - I would like to have routine newborn procedures delayed until bonding and breastfeeding have occurred.
    - Please allow my baby to stay on my body while you take blood for the PKU.
    - I would like my baby to receive a routine injection of vitamin K immediately after birth.
    - I prefer any immunizations be given at my pediatrician's office.
    - Bathing:
        - I do not want my baby bathed until she has had at least one successful feeding.
        - OR I wish to delay my baby's first bath until the second day of life so that I can get breastfeeding and bonding off to a good start.
        - We would like to give our baby his/her first bath using our own non-toxic baby products.
- Complications:
    - If I am physically unable to hold my baby, I would like my partner/support person to support the baby so I can feed them.
    - If the baby has any problems, I would like my partner to be always present with the baby, if possible.
    - If my baby's low blood sugar is trending down, I would like the chance to hold them skin-to-skin and spoonfeed them colostrum to see if it can elevate them.
    - Supplementation:
        - Please do not give our baby formula or sugar water without our consent.
        - Please do not feed our baby using a bottle. We prefer to spoonfeed, syringe-feed, or cupfeed. Our lactation consultant has prepared us for this.
        - If our baby requires supplementation, we request pasteurized human donor milk.

        - We are open to using formula if it is medically necessary or if we change our minds, but we want any and all formula feedings to be done by us.
    - If the baby isn't latching or needs a supplement, we want to feed hand expressed colostrum by spoon or medicine cup.
    - Jaundice:
        - If my baby has jaundice, I would like to spoonfeed them colostrum to see if it can reduce the bilirubin.
        - If my baby requires phototherapy, I would like for it to be done in my room.
        - If the hospital has Bili blankets, I would like my baby to use one.
        - I would like to breastfeed my baby for as possible and then supplement with spoonfed colostrum when they are back under the lights.

In the OR

We would like

- the lights dimmed so that baby will be encouraged to open their eyes.
- the vernix left on the baby so that I can rub it in.
- to allow baby to latch on as soon as possible within 1 hour of delivery.
- to delay measurements/assessments of my baby so that we may remain skin-to-skin.
- to have measurements/assessments performed while the baby is on my chest if they are needed immediately.
- to have the PKU performed on my body or in our room.
- to delay eye ointment/vaccinations.
- to delay my baby's first bath.
- my partner/doula/family member to accompany my baby to the NICU/Nursery if a transfer is needed.

Before delivery

- I do not want my arms strapped down during the operation.
- I would like the IV catheter, oximeter, and blood pressure cuff all placed on my (non-dominant) arm to give me a completely free arm to touch my baby.
- I would like ECG leads to be placed on my back, to make my chest free for skin-to-skin contact.

During delivery

- We would like to have the option to photograph or film the birth.
- I prefer to have a hand free to be able to touch the baby.
- I prefer a low transverse incision on my abdomen and uterus.
- I would like for my partner/support person to be the one who announces the sex of the baby, even if I already know what it is.
- I would like to have music of my choice playing during the operation (if not an emergency cesarean).
- I would request that the talk in the operating room among my providers focus primarily on the birth, and not traffic, sports, weekend plans, etc. Please remember that I can hear what is being said during the birth and will carry memories of it for many years.
- I'd like a non-drowsy, anti-nausea med if possible (i.e. Zofran).
- I do not want to have the surgical drape form a 'tent' over my head, making me feel trapped or isolated from other people and the birth.
- I would like to use a mirror/have the drape lowered/use a clear surgical drape so that I can see my baby being born.
- I would appreciate a warm blanket during surgery if possible.

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- I would like you to ask me 'Are you ready to have your baby now?' before operating.
- Please explain the surgery to me as it happens.
- I would like to have a slow delivery, with the intent of simulating the 'vaginal squeeze'.
- If possible, please keep the umbilical cord long for my partner to cut while baby is in my arms.
- I would like to see and touch the placenta and cord.
- I would like the cord to continue pulsing after the birth so that my baby may start breathing on his/her own while still attached to the placenta.

After delivery

- I would like the baby to be shown to me immediately after birth.
- If my baby is healthy, I would like to hold my baby and nurse immediately after birth.
- I would like to have contact with the baby as soon as it is possible in the delivery room.
- I would like to hold my baby skin-to-skin in the OR. I may need help to do this. If I am physically unable to hold my baby with support, I would like my partner/support person to hold the baby.
- As long as my baby is healthy, I would like my partner to be the baby's constant source of attention until I am free to bond with it (i.e., holding, skin-to-skin contact, etc.).
- Please pay special attention to our nursing needs in recovery. I may need some extra help nursing after the operation.
- Please discuss my post-operative pain medication options with me before or immediately following the procedure.
- I would like all newborn tests, measurements, and procedures performed with the baby on my chest, not in the warmer.
- Please don't swaddle my baby or put a hat on him/her while he/she is skin-to-skin.
- I'd like my baby to be able to move and I'd like to see him/her unobscured. To keep us warm, once my baby is on my chest you can cover both of us with a warm blanket.
- I would like to have the opportunity to breastfeed in the OR. I may need help to do this. If I am physically unable to hold my baby with support, I would like my partner/support person to hold the baby.
- I wish to delay my baby's first bath until the second day of life so that I can get breastfeeding and bonding off to a good start.

In Recovery

- I would like to see a lactation consultant as soon as possible.
- I wish to sit up in the recovery room.
- I wish to let my baby self-latch.
- I am willing to be up and walking as soon as possible.
- I would like to have minimal separation from my baby.
- If the baby and I need to be separated for medical reasons, I would like my partner/support person to accompany our baby to the nursery.

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- Please do not give me sedatives after the birth. I want to remember my baby's first day of life.
- I would like to eat and have the IV removed as soon as possible after surgery.
- I would like my catheter out early the morning after surgery.

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