ART & SCIENCE of
OBSTETRICS and GYNECOLOGY PC
Raymond C. Lackore MD - Board Certified Michelle Eynon WHNP - Board Certified
1101 First Colonial Road ◆ Suite 100 ◆ Virginia Beach, Va. 23454
Office: (757) 481-3366 Fax: (757) 496-3889
www.VBGYN.com

A Birthing Plan

BRING TO THE HOSPITAL: an overnight bag, chapstick, lotion, loose clothing, extra bras, underwear, mini-pads, your own pillow and pillowcase, notebook, pens, pencil, stationery, notes on labor and delivery, reading materials, games, cards, hairdryer and full strength, sports drink Gatorade. Your phone, camera, a disposable backup camera, notebook computer, IPad (or similar device) (don't forget battery chargers, money for the hospital snack bar, your Insurance card and your photo ID!).

CONTROL THE LABOR ENVIRONMENT: You may control the lighting (dim or bright), music (bring your own) or other aspects of the environment if deemed safe by those caring for you. The labor room has an unsecured wireless network.

EATING, DRINKING, SMOKING IN LABOR: Please bring two bottles (2 Liters) of your favorite flavor of Gatorade energy drink – NOT the low-calorie version. During normal labor, we encourage Popsicles, Italian Ice, Honey (bring a spoon) ice chips and sips of clear liquids. Eating is currently prohibited for the laboring mother. Smoking is not permitted on hospital grounds.

NATURAL CHILDBIRTH TECHNIQUES: It is your personal decision whether to use pain medications as your labor progresses. I strongly encourage relaxation, visual focusing, controlled meditative breathing, massage, and other well recognized prepared childbirth techniques. Our birthing bed allows excellent flexibility in positioning for labor and delivery. You can even achieve a sitting position if you wish.

MEDICATIONS: Limited use of Narcotics such as Nubain may be used if a patient is in significant pain and requests this type of pain relief. They are usually given intravenously for better predictability and safety.

EPIDURALS: may be chosen when the patient is 3 cm. Dilated or more and having strong regular contractions. They are disappointing about 10-15% of the time – therefore, you should know natural childbirth techniques even if you are dedicated to having an epidural. They are not perfect but are usually very helpful.

WALKING IN EARLY LABOR: After you have been evaluated, if it is felt that it will be safe for you (and the baby) to be up and walking around in early labor, you may do so if you wish. Once in full active labor, you may sit up if desired (on a birthing ball if you want). You may walk to the bathroom if able. I do NOT want or allow patients to walk the halls during advanced active labor.

HUSBAND OR SUPPORT PERSON IN LABOR AND DELIVERY ROOM: One or two support people are strongly encouraged. Occasionally a third support person is allowed if you very much want them present. There are excellent reasons to limit the number of people present in the room. Please discuss this with us if you have any questions. In real emergencies or other unusual situations, All unnecessary people may be asked to step out of the room.

LABOR DOULAS: are privately hired birthing attendants who are trained to give advice as well as emotional and physical support through labor. **They dramatically help some patients!** However, Labor Doulas can be expensive and, on occasion, may reduce communication between the birthing center nurse and the patient. If you are planning to use a Doula, **please** let us know ahead of time.

FETAL HEART RATE MONITORS (EXTERNAL and INTERNAL): Once you are making clear progress in labor, I require Continuous Fetal Heart Rate Monitoring to provide reassurance that the baby is doing well. Internal monitors (scalp electrode) are only used when special concerns or difficulty areencountered getting a clear external signal.

INTRAVENOUS ACCESS (SALINE LOCK OR IVs): Are required to improve overall safety. They are mandatory for epidurals, allow the safest means of giving pain relievers, and provide protection in the event of hemorrhage. After you are well hydrated, on the request your IV may be converted to a Saline Lock. The IV can be reconnected as needed.

CAMERA: Please take as many still pictures of the laboring mother and newborn child as you wish. Don't forget your film and a fresh camera battery and your phone charger. Please ask nurses permission before taking their photographs.

VIDEO: Video Capture of the birth (this includes ALL methods of video capture) is not allowed by Hospital policy. You MAY video AFTER the birth of a healthy child where no resuscitation is required. We have commonly found excited people may capture very disturbing images on video (your bottom immediately after delivery) – PLEASE HAVE THEM BE CAREFUL OF WHAT THEY CAPTURE! You must obtain the consent of all health care providers (Nurses and Physicians) before turning the video on. Tripods are not permitted.

CUTTING THE CORD: Under the physician's guidance, the partner can usually cut the infant's umbilical cord if he wishes. This DELAYED CORD CLAMPING is generally done following after 3 minutes to allow for the great majority of benefit to the baby. If any problems or complications exist, the birth attendant will rapidly cut the cord and take care of the situation. Let us know your wishes at the time of delivery.

EYE CONTACT WITH THE INFANT: In an effort to improve bonding and eye contact, we avoid eye drops and ointments to the baby's eyes until the baby is taken to the nursery.

BONDING IN THE DELIVERY ROOM: We immediately check to see that the baby is doing well, dry the infant and then place it on the mother's abdomen for close eye and physical contact with the mom. Generally, at least one hour is allowed to pass before the baby is taken to the nursery. This is called "The Magic Hour" and is nurtured and protected.

BREASTFEEDING IN DELIVERY ROOM: If the baby is breathing easily and breastfeeding is chosen as the infant's method of feeding, then you are encouraged to put your baby's mouth to your breast in the delivery room.
PARTICULAR POSITIONS USED WHEN PUSHING: Efficiency of push and your comfort are both considered. Lying in a semi-sitting position, on your side, or your back, or are all allowed if no complications are occurring. I ask that you please not ask to deliver on your hands and knees.

PREP, ENEMAS, ETC.: I have virtually never shaved hair from around the opening of the vagina. Enemas are VERY uncommon, but if you WANT or DEMAND one I'll allow it.

EPISIOTOMIES: They are very uncommon and are NEVER performed routinely. A great deal of experience has convinced me that sometimes episiotomies may be essential and helpful, but usually, they are totally unnecessary and cause unnecessary injury. However, I have no way to guarantee you will experience no tears and no episiotomy. I'll use my best judgment to try to serve your best interests. Even staunch opponents of episiotomy agree they may be essential to speed delivery if the baby's heartbeat is unfavorable.

HOSPITAL DISCHARGE: The average stay IS about two days, but safety and your baby's status are strongly emphasized.

PITOCIN STIMULATION AFTER LABOR STARTS: It will be discussed with you if it is felt Pitocin would be of help to you. Dr. Lackore or the Obstetrical provider on call may elect this option to assist you in making progress if you are having weak contractions. In some cases, it will reduce the need for cesarean section or prevent prolonged difficult labors.

HUSBAND IN C-SECTION ROOM: Almost always encouraged, but may not be possible in rare, life-threatening emergencies.

INDUCTIONS: WITH YOUR INFORMED REQUEST AND CONSENT - If there is a medical need to do so and the cervix is favorable, you may be offered labor induction at the Center for Birth. If a decision has been made to perform an induction, then my technique is based on evidence and usually involves rupturing membranes and starting low dose Pitocin.

FORCEPS or VACUUM EXTRACTOR: Most women push their babies out by themselves. These aids to delivery are very uncommonly used and only for specific medical indications such as fetal distress or maternal exhaustion - never for convenience.

Note: Questions about newborn care, feeding, newborn immunizations, Vitamin K, and Eye ointment belong to the pediatrician.