

Sample Cesarean Plan

We are trying to make a cesarean delivery as special and intimate as possible for us even though we did not have the desired vaginal birth.

DURING DELIVERY / RECOVERY – In the event a general anesthesia needs to be performed, I understand that some of my requests cannot be honored.

- I would like to meet each staff member in the OR who will be participating in the cesarean.
- I may use aromatherapy to help with nausea, surgical smells and stress.
- I would like to play _____ music in the OR if it won't be a distraction to those performing surgery.
- Explain all medications that will be used to me. I prefer a bolus and oral medications versus a PCA afterward.
- I would like for my husband (partner/family member) and baby to stay in the OR with me while surgery is completed and remain in recovery with me.
- If the baby needs medical assistance requiring leaving the OR I'd like for another person (doula, friend or family member) to attend me in the OR while my husband (partner/family member) goes with the baby so I won't have to be alone.
- I would like to take photos and video of the birth of my baby. I respect that the surgeon and anesthesiologist may not want the entire surgery on video, however I would like a record of my baby being born to make it as special and personal as possible.
- Please lower the curtain and hold my baby up so I can see him/her at the moment of birth.
- Request my arms not be strapped down so I may touch my baby freely.
- I would like my baby to remain connected to the placenta after manual extraction, as the cord will continue to pulsate for some time. I would like my ______ to cut the cord after 10 minutes post delivery or the cord has stopped pulsating near the umbilicus.
- I would like my baby placed skin to skin on my chest immediately after basic assessments while in the OR. My husband (partner/family member can hold baby there with a warm blanket over my baby.
- In the event of a hysterectomy, please do not remove my ovaries or anything else that isn't medically necessary.
- I would like to breastfeed my baby as soon as possible in recovery.

REGARDING BABY

- In the event the baby requires medical attention beyond that of a healthy baby, please inform me (husband/partner/family member) verbally what is needed or will be needed so I can actively participate in choices made for my baby's care.
- Limit the number of persons who touch or attend my baby to only those on staff as needed and my husband (partner/family member).
- Request my baby not be bathed or fully dressed until I have the opportunity to smell, touch, cuddle, etc. with my baby and I am able to participate in the bathing.
- Delaying immunizations, even eye ointment and vitamin K.
- I plan to breastfeed exclusively, so no pacifier, formula, sugar water should be given to my baby.
- No tests shall be performed or medications administered, etc. without my (husband/partner/family member) consent & prior knowledge

Thank you for honoring my requests for me and my baby.