



**Humber River
Hospital** Lighting New Ways
in Healthcare™

My Birth Plan



Quiet Time On Mother Baby Unit



Visitors please wait
in the lounge

Please put your
phone on vibrate

Avoid conversations
in the hallway

Mother Baby Unit **Quiet Time is 2:00 to 4:00 p.m.**

My Name: _____ Name I would like to be called by: _____

Partner/Support Person(s): _____

My doctor who cared for me in my pregnancy is: _____

Things I would like you to know about me/us (important issues, fears, concerns, previous experiences):

Welcome to Humber River Hospital

Our priority is to ensure you and your family receive compassionate, professional, and respectful care that you deserve – *always*. We want you to be an active participant when you come to Humber River Hospital – ask us questions, tell us what is important to you and your family – this is your hospital and your birth experience.

Creating a birth plan ahead of time helps you and your partner think about decisions that may impact your birth experience. Keep in mind that certain circumstances during your labour and birth can sometimes change the plan you made in your pregnancy. Our nurses and doctors will work in partnership with you to ensure your wishes and concerns are incorporated in your care.

What You Should Know

"Having your Baby at Humber River Hospital" booklet has important information you need to know when caring for yourself and your new baby after the birth. Ask your nurse for a booklet or go online for a free digital copy: <http://bit.ly/2haPN3G>

What to Bring to the Hospital

It is helpful to pack your and your baby's bags several weeks before your expected delivery.

Bring a small bag with the things you will need while you are in the Birthing Unit. After you give birth, you may want someone to bring a larger bag for the rest of your hospital stay.

For You

- | | |
|--|---|
| <input type="checkbox"/> Pens | <input type="checkbox"/> Slippers and socks |
| <input type="checkbox"/> Refillable water bottle | <input type="checkbox"/> Phone/camera and charger |
| <input type="checkbox"/> Maternity sanitary pads | <input type="checkbox"/> Any medications you are taking, in their original containers (if applicable) |
| <input type="checkbox"/> Comfortable underwear | <input type="checkbox"/> Glasses, contacts, contact solution |
| <input type="checkbox"/> Nursing bras | <input type="checkbox"/> Pillow in coloured pillow case for breastfeeding |
| <input type="checkbox"/> Health card and private insurance information (if applicable) | <input type="checkbox"/> Housecoat |
| <input type="checkbox"/> Mouthwash, toothpaste, toothbrush, lip gloss | <input type="checkbox"/> Tissues |
| <input type="checkbox"/> Brush, hair elastics | <input type="checkbox"/> Clean clothes for going home |
| <input type="checkbox"/> Soap, shampoo, lotions | <input type="checkbox"/> Cord blood banking kit (if registered in a program) |

For Your Support Person(s)

- | | |
|---|--|
| <input type="checkbox"/> Pens | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Refillable water bottle | <input type="checkbox"/> Phone/camera, charger |
| <input type="checkbox"/> Pillow in coloured pillow case | <input type="checkbox"/> Sleep clothes (pants and t-shirt) |
| <input type="checkbox"/> Blanket | |

For your Baby

- | | |
|---|--|
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Blankets |
| <input type="checkbox"/> Baby wipes | <input type="checkbox"/> Sweater and hat |
| <input type="checkbox"/> Baby clothes, 3-4 sets | <input type="checkbox"/> Car seat (keep in car until after you arrive in the Mother Baby Unit) |
| <input type="checkbox"/> Clothes for going home | |

I have attended (online/in person): Prenatal Classes Breastfeeding Classes Hospital Tour

My due date is: _____

I am expecting: Twins Girl Boy Surprise?

Baby name(s) if decided: _____

My delivery is planned as:

- Vaginal
- Vaginal Birth after Caesarean Section (VBAC)
- Caesarean Section

Booked: Date: _____ Time: _____

Support: I would like the following people to be present at my labour and/or birth:

- Partner (name): _____
- Relative (name): _____
- Friend (name): _____
- Doula (name): _____
- Other (name): _____
- If I have a caesarean birth, my support person will be _____ (name) and, if possible, I would like them to be present at all times, during the surgery.

Pain Management Preferences

- I would like a medication-free birth
- I would like a medication-free birth if my labour goes well, but I will consider pain medications if things do not go as expected.
- I would like medication, but I would like to go as long as possible without it.
- I would like medication as soon as possible.

What comfort techniques would you like to use? (you may have to bring these from home)

- Listen to my music
- Visualization
- Walking
- Tub/Shower
- Other: _____
- Breathing & relaxation
- Different positions
- Dim lights
- Birthing ball
- Pillows (bring own with coloured pillow case)
- Positions/walking
- Hot/cold compresses

After the baby is born, I would like:

- To delay cord clamping (as long as baby is healthy).
- To place my baby skin-to-skin right away (as long as baby is healthy). If I am not able to do this myself, _____ (name) will do skin-to-skin.
- My partner/support person to cut the cord if possible.
- My baby dried off first and then brought to me.
- Stem cells collected. I have arranged for this and will bring my collection kit and the completed paperwork.

Other things that are important to me in the care of my baby(s): _____

The doctor who will care for my baby is: _____

Newborn Feeding Plan

I plan to:

- Attend an infant breastfeeding class. The class runs Monday to Friday, 10:00 a.m.; closed on holidays.
- Breastfeed only. I will only give artificial baby milk (formula) if it is medically necessary by:
 - Cup feed Bottle feed
- Breastfeed and give artificial baby milk (formula) by:
 - Cup feed Bottle feed
- Give artificial baby milk (formula) only.
- I had problems with breastfeeding a previous baby and would like extra help this time.

Going home, I would like to have:

- A referral to the **Healthy Baby, Healthy Children Program** (free program).

A child's early years - from before birth to age 6 - are very important. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy teenagers and healthy adults.

The purpose of Ontario's Healthy Babies, Healthy Children Program is to help children get a healthy start in life. It helps infants and children up to age 6, and their families through:

- Screening and assessments to see if there are any risks that could affect a child's healthy development and referrals to community programs and services
- Supports for new parents
- Help in finding community programs and resources on all kinds of subjects such as: breastfeeding, nutrition and health services, parenting programs and family literacy programs.

I have given careful thought to my preferences during and after labour and have outlined them in this Birth Plan. I understand that these are guidelines only and that under certain circumstances, they may not be followed in the best interest of me and my child.

Signed: _____ Print Name: _____ Date: _____

Where do I go?

Maternal and Child Program

Humber River Hospital

4th Floor, 1235 Wilson Ave., Toronto, ON M3M 0B2

Tel: (416) 242-1000

Birth Unit/Obstetrical Assessment: Ext. 45300 or Ext. 45200

Outpatient Clinic/Prenatal Clinic/Lactation Clinic: Ext. 21450

We are located on the 4th floor. When you arrive at the hospital, take the Central Elevators to the 4th floor.

