

Birth Plan: Anna (Ania) Mitros

September 19, 2009

1 People & Privacy

- **Friends/family** may include: Seth LaForge (husband), Sandy Caldwell (doula), Piotr Mitros (Ania's brother), Stefie Tellex (Piotr's fiance)
- **Medical students:** I'm happy to have med students present to watch, learn, rub my back, and do anything else that does NOT INCLUDE SCALPELS AND CUTTING.

2 Normal labor and birth

General goal: Vaginal birth with minimal intervention; nitrous is ok.

A little about me:

- **Information:** I am reassured when I know what's going on. Please keep me updated.
- **Risk:** I'm used to thinking about risk rationally. I've done a lot of mountaineering wherein one is continually assessing risk and thinking about death. I'd rather hear a quantitative statement like: "Odds are 1 in 10,000 that..." that a hand-waving argument about how I shouldn't worry about something.
- **Decision making:** I'd like to be involved in making any major medical decisions, and be as fully informed about the options as possible. If I am unable to participate in such a discussion, Seth should be as involved as possible.
- **Food:** I'm vegetarian (eggs ok, milk ok, no fish, no other animals). I've done endurance sports (24 hour rock climbing trips, ski mountaineering, etc) and can't imagine doing something physical for hours without eating. Feed me.
- **Privacy, Nudity:** I really don't care. You'll see everything anyway by the time the baby is out. Sharon Weiner said I can labor in the nude, and that may well happen.
- **Religion:** Agnostic. No special requests.

2.1 First Stage

- **Drugs / Pain Relief:**
 - **Epidural:** No, unless a vaginal delivery is unlikely without it.
 - **Opioids:** No. (Demorol makes me feel out of it in a way that's worse than the pain. However, I have had no allergic reaction to Demorol, morphine, or Vicadin.)

- **Nitrous oxide:** Yes, if the pain gets bad enough.
- **Fetal Monitoring:** Prefer intermittent monitoring (not continuous).
- **Positions:** Please recommend any props and/or positions I may not yet have tried.
- **IV:** I'd prefer to labor without one, but don't feel strongly about it.
- **Food:** Yes. Vegetarian (eggs ok, milk ok).

2.2 Second Stage

- **General goal:** Vaginal birth with minimal intervention.
- **Forceps, vacuum:** Avoid unless really really necessary.
- **Episiotomy:** I hope not. Massage good, warm compresses good, telling me to push slowly good. Episiotomy unfortunate.
- **C-section:** This is what scares me most about birth. I really really really hope I don't need one. If necessary, I'd like an experienced doctor to perform it; no med students please. (I recently had a friend who needed 2 surgeries to fix the nick in her bladder from a C-section done by someone still in training.)

2.3 Third Stage & Baby Care After Birth

- **Airway:** Avoid suction unless actually necessary.
- **Cord clamping:** Delay until cord stops pulsing.
- **Cord and cord blood:** Donate to public cord bank.
- **Bath:** Delay bath. Not in first hour.
- **Vitamin K:** Yes
- **Eye drops:** No
- **Vaccination:** ???
- **Nipple crawl:** I'd love to watch my baby crawl up to my breast to nurse in that first hour of its life outside the womb.
- **Weighing, measuring, bathing:** Wait an hour or so. I'd like some bonding time immediately after birth.
- **Circumcision:** No. Please educate us on how to keep the penis and foreskin clean.
- **Rooming in:** Baby stays with mom as much as possible. I understand baby may need to leave briefly for a medical exam, and Seth (my husband) should stay with the baby during that time.
- **Feeding:** Breast-feeding. I'd appreciate help from a consultant if my baby and I have trouble figuring it out.
- **Hospital Stay after Birth:** I've never had a baby before so I don't know exactly what to expect. Hopefully, I won't have to stay in the hospital long, and hopefully will leave feeling well and with breast feeding established.

3 Complications

3.1 Induction

If induction is necessary, I would like to try natural induction methods before hormone injections.

3.2 Cesarean

To me, this is the scary outcome that I'd like to avoid. That said, I acknowledge there are situations when a C-section is the best option and can prevent death of mother, death of baby, fistulas, and other severe problems. Cesarean should be used only as a last resort, if all other options have been exhausted. If a C-section is necessary:

- **Inform me:** I (mom) would like to know what's going on. If the the surgical screen has a window, let me see. If there are people doing something to me with scalpels, I'd really like to hear some commentary on what's going on. I really enjoyed seeing what the arthroscope saw during my ACL surgery, seeing the cadaver tendon before it was implanted, and hearing the doctor's explanations. I find it reassuring to be aware of what's going on.
- **Anesthesia:** I much prefer spinal to general. I had no adverse reaction to bupivacaine when I had spinals for my two knee surgeries. That said, if general is necessary, I also didn't have any problems with a general during an ankle surgery.
- **Partner:** Seth would like to be present.
- **Contact with baby:** I would like to hold the baby as soon as possible. If I am unable to hold the baby, please let Seth hold the baby.

3.3 Sick baby

If the baby needs additional medical care, I would like Seth to go with the baby, and Sandy (my doula) to stay with me.

3.4 Stillbirth or death of baby

We would like to see and hold the baby.

4 Post-birth baby care

- Immunizations on first day: Hep B: no, delay until later
- Vitamin K injection: Yes
- Eye drops: Wait at least an hour. Then???