

Our Birth Plan, designed for the safety of you and your baby:

At Volusia OB/GYN, we are avid and firm believers in having an educated, informed, and engaged patient population. We are also, passionately ardent believers in the importance of evidence based medicine. For those reasons, we have outlined our birth plan for you, our patient. This birth plan is designed with over 50 years of combined experience caring for mothers and their babies. We ask that you review it carefully and ask questions about it (preferably before 28 weeks). By reviewing this early in your pregnancy, you can ensure that we are the right practice for you.

- 1) **IV ACCESS:** IV access is critical. Obstetrics is a specialty where there is potential for excess bleeding. Even when things appear to be going well, significant blood loss can occur without much warning. Obtaining IV access once a hemorrhage begins can be difficult. Having early IV access keeps the risk of bad outcomes associated with bleeding to a minimum. IV fluid is also one of the tools we utilize to help babies that go into distress.
- 2) **FETAL MONITORING DURING LABOR:** We are aware of, and understand, our college's (ACOG, The American College of Obstetrics and Gynecology) position on intermittent auscultation and monitoring in low risk labor patients. This however, requires a 1:1 labor nurse to patient ratio, which we cannot guarantee at our labor unit. Thus, we will monitor mothers in labor with continuous fetal monitoring, as we strongly believe this is safest for mom and baby. Our labor unit has wireless monitors available. These provide greater freedom of movement and are water-resistant in case our moms wish to shower.
- 3) **ELECTIVE INDUCTIONS:** We discourage elective inductions of labor. We believe there is no better labor than natural labor. Induction of labor automatically increases your risk of having a cesarean section. Having said that, we will consider an induction at 39 weeks, if you are a minimum of 3cm dilated.
- 4) **GOING PAST YOUR DUE DATE:** We generally do not allow pregnancies to progress past 41 weeks, as we believe the placenta function deteriorates once that gestational age is reached. This could increase risks to the baby. We will consider extending a low risk pregnancy past 41 weeks if conditions are optimal, potential risks are understood, and mom agrees to additional office fetal monitoring. We will under no circumstance, agree to extend any pregnancy past 42 weeks.
- 5) **ELECTIVE CESAREAN SECTION:** We will discourage requests for elective primary (first baby) cesarean sections. A cesarean section, although generally safe, incurs higher risks than a vaginal delivery.
- 6) **THE PROCESS OF INDUCTIONS:** If an induction of labor is necessary, there are different methods to accomplish this. Sometimes it is as simple as rupturing your membranes ("breaking your bag of water"), but often medications are required. The type of medication needed will depend on how favorable (dilated) your cervix is at the time of induction. Pitocin (Oxytocin) is often used to start or augment labor. We consider it a very safe drug with minimal potential adverse side effects. As noted in #3 above, we do not advocate elective inductions. Thus, if a medical induction is required, we hope you trust our judgment in which medication or medications to utilize to safely and effectively get you in labor and hopefully achieve a vaginal delivery. We are not intervention-heavy doctors. Our cesarean section rate shows that, by being significantly below the national average. We do not practice "convenience obstetrics". We practice evidence based obstetrics.
- 7) **THE USE OF FORCEPS OR VACUUM FOR VAGINAL DELIVERY:** We will on occasion recommend an operative vaginal delivery (vacuum or forceps). The only instances this is offered is if we believe we can safely and quickly deliver your baby in case of an emergency or

if you become too exhausted to push your baby out. This would avoid a cesarean section and get the baby out quicker than an emergent cesarean can. All the physicians at VOG have had extensive training in operative deliveries and will of course discuss it with you if we think one is necessary.

- 8) **EPISIOTOMY:** We do not perform routine episiotomies.
- 9) **TOLAC / VBAC:** We do selectively offer trials of labor in patients with 1 prior low transverse cesarean section (TOLAC) in hopes of achieving a vaginal delivery (VBAC). Not every patient is a good candidate for TOLAC. We will gladly review each case individually and review the benefits and risks involved. If we do not believe you are a good TOLAC candidate, we will recommend a repeat cesarean section. We are aware of ACOG's position on possible trial of labor after low vertical, classical and/or multiple previous cesarean sections. We believe these circumstances warrant delivery at a tertiary care center. Given that our labor unit is not, we will not agree to a trial of labor in these patients.
- 10) **PAIN MANAGEMENT DURING LABOR:** Your pain management will be your choice, not ours, not your family's, but yours. We will not agree to anyone but you making pain management decisions. We will not push any pain management modality, but will gladly educate you on options.
- 11) **DELAYED CORD CLAMPING:** We will attempt to delay cord clamping and cutting for 90-120 seconds, as recommended by the ACOG. If we, or the nursery/pediatric personnel, feel that the baby has to be attended to immediately, delayed cord clamping will not be our priority. During a cesarean section we will gladly perform a cord "milking" at your request. Delayed cord clamping during a section may cause additional blood loss to you, and we wish to avoid that.
- 12) **SKIN-TO-SKIN:** Skin to skin contact and breastfeeding will be supported, even during cesarean sections, as long as it is safe for mom and baby.
- 13) **MEDICATIONS/VACCINATIONS FOR BABY:** Medication concerns regarding your baby (vaccinations, antibiotics, vitamin K, etc.) are for you to discuss with your pediatric team. We will gladly offer advice but will not be a part of this decision making process.
- 14) **PLACENTAL PRESERVATION:** Although no current data support placental preservation for later consumption, we will gladly help you procure yours if you decide to keep it. You should be aware that the CDC specifically advises against the consumption of dried placenta capsules or any form of placental ingestion.
- 15) **VAGINAL SEEDING:** We will not perform "vaginal seeding" or any procedure to introduce vaginal organisms to your baby. This practice is currently being discouraged by ACOG.
- 16) **VISITORS DURING LABOR:** We generally do not limit visitors to your labor room. Having said that, if an emergency were to arise, we hope you understand we may need to remove visitors in order to make room for critical personnel. One person is generally allowed in the operating room during cesarean sections.
- 17) **EATING/DRINKING DURING LABOR:** We will generally allow small amounts of clear liquids during active labor. Your IV fluids will keep you well hydrated. Remember nausea is common during the advanced stages of labor and we want to avoid a full stomach. If a need for a cesarean section were to arise, a full stomach increases anesthesia risk.
- 18) **ASSISTANCE BY FAMILY MEMBERS:** We welcome assistance from family members as patient advocates and coaches. We appreciate your help with patient positioning and comfort measures. We will absolutely do our very best to have the designated family member cut the

umbilical cord. Please understand that sometimes this is not safe and trust us to make that decision for you and your baby. We occasionally receive requests from a family member to aid with the delivery of the infant. Babies are precious and delicate. Babies are slippery. We will deliver your baby.

- 19) **PHOTOGRAPHY, LIVE STREAMING AND VIDEO:** Photography is allowed in the delivery room as well as the operating room. The hospital has a strict no video, no live streaming policy during procedures.
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We are available to answer any questions regarding our birth plan. If, after reviewing it, you feel our practice philosophy is not for you, we completely understand and wish you and your family the best.

Sincerely,

Your VOG Physicians