



GROVE  
CREEK  
MEDICAL CENTER

DEVELOPING A  
**BIRTHING**  
**PLAN** 

*The decisions you make now  
can help you create a per-  
sonalized birth plan to make  
the most of your special day.*





Pregnancy can be an exciting and nervous time for expectant moms-to-be.

Our goal at the Grove Creek Medical Center is to ensure you and your baby start out in the healthiest possible way.

We have found that women who are more informed about what to expect tend to enjoy their pregnancy and are more prepared for the birthing experience.

To help you become an informed and active member of your healthcare team, your birth plan will provide our medical team with your labor and delivery preferences so your birthing experience will be the best it can be. Because each birth is different, though, labor and delivery may not always go exactly as expected.



## Before Labor Begins

In general, delivery will occur in your third trimester—between 39 and 41 weeks of pregnancy—which is when you and your baby are less likely to need extra medical help. While some situations may require an early delivery, if there aren't complications your body will naturally prepare for labor.

If my pregnancy is not medically complicated, I prefer to:

- Wait for spontaneous labor (regular, frequent contractions that are changing my cervix)
- Schedule an induction of labor at or after 39 weeks\*

\*If your body is ready, induction of labor will not increase complications with delivery and may be an appropriate option.

Thoughts & Questions to discuss with my doctor:

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# Labor Environment

When it comes to labor and delivery, Grove Creek Medical Center offers a premier birthing center. Our staff are highly skilled, kind, and thoughtful. Additionally, our state-of-the-art facility is beautiful.

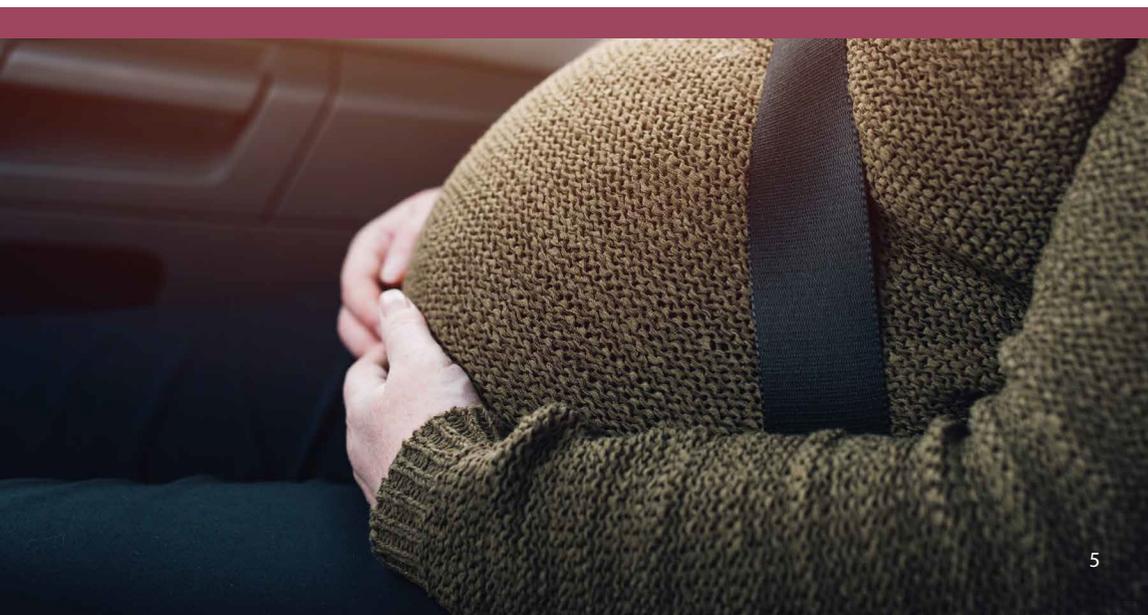
Grove Creek Medical Center's private birthing rooms have adjustable birthing beds, which can be broken down for delivery. Each room also has a 26-inch LCD cable television and full-size leather couch for friends and family to use while visiting.

We would love to give you a tour of our birthing center. Please call (208) 782-3901 to schedule an appointment.

## **Comfort Measures for Labor:**

Several accessories will be available to help mothers through labor. I would like to use the following during my labor:

- Birthing ball
- Peanut ball for side lying
- Adjustable mirror
- Squatting bar



# Pain Management

We understand that everyone perceives pain differently and has a different threshold for pain. We encourage you to have an idea of what you desire ahead of time, but because each birth is unique and circumstances change we are able to accommodate any appropriate change of plan.

**I would like to use one of these three options for pain control:**

- No pain medications
- Nitrous Oxide
- IV pain medications, when appropriate
- Epidural, when appropriate (available 24/7)

*Please note: Walking during labor is allowed before an epidural anesthesia is administered and if you qualify for intermittent monitoring. Discuss with your physician if this is an option you would like to have available.*

## *Doulas*

A doula, also known as a birth companion or post-birth supporter, is trained to provide physical assistance and emotional support to a woman and her family before, during, and/or after childbirth. Although we do not have any doulas on staff, we are doula-friendly and will work with you and your doula if you choose to have one

**Thoughts & Questions to discuss with my doctor:**

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# Delivery

Delivery will be the most stressful time on your body and your baby, and sometimes childbirth will require certain interventions you didn't plan on. In such cases, it's best to be flexible with your birthing plan. The vital signs for both you and your baby will be monitored regularly. If a concern arises, our expert team will work to reduce any stress on you and your baby.

## *Necessary Interventions*

There are, however, a few medically necessary interventions that we require for all women for the safety of you and baby. These minimal interventions include IV access and fetal monitoring for a minimum of 20 minutes every hour. Your physician will be able to provide you with more details.

It is also common for your physician to artificially rupture membranes (break water) to help expedite the labor and delivery process. A Foley catheter may also be used for certain medical conditions and/or after epidural placement.



### *Positioning*

It is important for you to be in a position that allows for effective pushing as well as space for your doctor to intervene if an emergency situation develops. When it's time to push, your nurse and doctor will help you find the most effective method. Some different methods of pushing include:

- Modified Squatting
- McRobert's Position (reclined with flexed hips and knees)
- Grasping the Bed Handles
- Tug-of-War

### *Tearing/Episiotomy*

Every woman's body is different and most women tear during delivery of a baby. Nothing has been proven to prevent this from happening. There are a few things we can do to try and limit the amount of tearing and pain that could occur. These include:

- Applying Lubrication
- Perineal Massage
- Counter Pressure
- Encouraging Controlled Pushing
- Episiotomy

### *Operative Delivery*

Sometimes a baby won't be able to tolerate pushing and will require a faster delivery to avoid complications. Other times you may no longer be able to push effectively as labor and delivery is an exhausting process. If this happens, your doctor may intervene using medical tools or techniques, such as a vacuum, forceps, or cesarean delivery to ensure you and your baby are as safe and healthy as possible.

### **Thoughts & Questions to discuss with my doctor:**

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## Newborn Care

The best place for your baby after birth, vaginal or cesarean, is with you. The first hours after birth are a developmentally important time for your baby.

There are well-documented short- and long-term physical and psychological advantages to having your baby held skin-to-skin immediately after giving birth, regardless of feeding method. To promote skin-to-skin contact, your unwrapped baby will be placed on your chest. You and your baby will rest skin-to-skin for approximately one to two hours or until the first breastfeeding has been completed.

During this special skin-to-skin bonding time between you and your baby, the staff will complete any necessary procedures and checks. If there are medical reasons that keep you and your baby from skin-to-skin holding right after birth, we will start as soon as possible.

### *Post-Birth Interventions*

Interventions that are performed to ensure healthy transition of your baby and to avoid significant complications will include:

- Frequent assessment of fetal heart rate, oxygenation, and breathing
- Antibiotic eye ointment to avoid infections that can cause blindness
- Vitamin K injection to avoid life threatening bleeding disorders
- Hepatitis B immunization to encourage baby's immune system to protect against disease

# Breastfeeding

To provide the best benefits to mother and baby, we recommend exclusive breastfeeding for at least 6 months after birth. Breast milk is the best for your baby and contains vitamins and nutrients your baby needs and has disease-fighting substances to protect your baby from many illnesses. Some of the important benefits breastfeeding offers you and your baby:

- Protects a baby from illnesses
- Reduces a baby's chances of developing allergies
- Less expensive than formula
- Easier to digest
- Reduces a mother's stress hormones and risk of postpartum depression
- Faster recovery and weight loss for the mother

**Nearly all women can breastfeed their child, with only a few exceptions.**

- I would like to learn more about breastfeeding
- I would like to work with a lactation counselor

**Thoughts & Questions to discuss with my doctor:**

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# My Birthing Plan

## If my pregnancy is not medically complicated, I prefer to:

- Wait for spontaneous labor (regular, frequent contractions that are changing my cervix)  
Schedule an induction of labor at or after 39 weeks\*

## Comfort Measures for Labor:

- Birthing ball
- Peanut ball for side lying
- Adjustable mirror
- Standard size tube
- Squatting bar

## Positioning:

- Modified Squatting
- McRobert's Position (reclined with flexed hips and knees)
- Grasping the Bed Handles
- Tug-of-War

## Tearing/Episiotomy:

- Applying Lubrication
- Perineal Massage
- Counter Pressure
- Encouraging Controlled Pushing
- Episiotomy

## I would like to use one of these three options for pain control:

- No pain medications
- IV pain medications, when appropriate
- Epidural, when appropriate (available 24/7)

## Breastfeeding:

- I would like to learn more about breastfeeding
- I would like to work with a lactation counselor

## Additional Requests:

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Thoughts & Questions to discuss with my doctor:

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[www.GroveCreekMC.org](http://www.GroveCreekMC.org)