

Discussing your Birth Plan with your OB/GYN

The hospital provides information for expecting mothers but you are welcome to bring your own template and doula (if any) to discuss with your OB/GYN. Our medical practice is to ensure the safety of mother and baby and provide a natural birthing experience.

Questions	Samitivej Standard Practice
Who do you want to be present?	In the birth Unit, two birth partners may be present, such as the partner, a parent, a doula, etc.
Notes:	
Do you want a doula?	If you wish to have a doula, please contact a nurse at the Women’s Health Center. We have a list of registered doulas who have experience working with us. Only a registered doula will be allowed in the birthing room.
Are you wishing to delay the baby’s cord clamping?	<p>Delaying cord clamping around 30 – 60 seconds* or the father wishing to cut the umbilical cord, depends on the condition of the baby at birth and decision of the OB/GYN.</p> <p>*Recommendation by the ACOG re delayed umbilical cord clamping for healthy babies.</p>
Do you want immediate skin to skin contact?	<p>In cases of vaginal birth, where mother and baby are healthy, the mother can hold her child immediately after the birth, before the cord is clamped. If she prefers, the nurse will wipe the baby and wrap it in a blanket first.</p> <p>In case of emergency birth, the healthy baby will go with the partner for basic screening assessment at the nursery. On the other hand, if the baby is unwell and needs medical assistance, the baby will be moved to the Neonatal Intensive Care Unit immediately.</p>
Do you wish to breastfeed immediately after birth?	<p>If mother and baby are both healthy, the mother can breastfeed her baby immediately after birth. The mother can request rooming-in immediately after delivery and she can return the baby back to the nursery when she wants to rest. The mother can also request assistance from the lactation nurse if required.</p> <p>If the baby is not healthy, the mother cannot breastfeed the baby and the nurse will use cup or spoon feeding instead (Bottle-Free Hospital). We would like to give mother the opportunity to breastfeed before the baby experiences using a pacifier.</p> <p>Breastfeeding booklets are given on the first day of your antenatal care. If you don’t have one, please ask a nurse at the Women’s Health Center. The workshop is also available and scheduled all year long. Please ask a nurse at the Women’s Health Center if you want to enroll on this workshop. The lactation clinic is open for help and advice during normal consulting hours and there is a 24/7 hotline provided for when you have been discharged.</p>

Questions	Samitivej Standard Practice
Do you want mobility, or do you wish to stay in bed?	The birth room is spacious, so the mother has the freedom to walk or change positions but only if she is in good health. In cases where an epidural block has been chosen, we recommend staying in bed.
What activities or positions do you plan to use?	Safety positions for easier labour and birth recommended by the OB/GYN are walking, standing, sitting, kneeling, squatting, lying on your side and being in bed with your back propped up by pillows.
What will you do for pain relief?	Natural pain management techniques are, being in warm water (hot tub), taking a bath/shower and/or massage. If the mother wants to use Transcutaneous Electrical Nerve Stimulation (TENS), she needs to inform the OB/GYN in advance to allow her to bring one from home. Birthing equipment is available, such as wall bars, mats, beanbags, birthing balls, birthing chairs, etc. Pain medication is also available on request.
How do you feel about fetal monitoring?	Fetal monitoring will take place every hour. If the baby is not doing well, continuous electronic monitoring is necessary for the safety of both baby and mother.
How do you plan to stay hydrated?	There is a refreshment corner with tea, coffee, and other drinks for mother and their birth companion.
Do you want to take pain medications, or not? Do you have a preference for certain pain medications?	Epidural block is only performed if there is a demonstrable medical need or at the mother's request.
Would you be willing to have an episiotomy? Or, are there certain measures you want to use to avoid one?	Episiotomy is your choice (risk of tearing). But this may be necessary if the baby is short of oxygen and needs to be delivered quickly. If stitching is required, local anesthetic is applied.
<p>What are your preferences for your baby's care?</p> <p>Read more in After the Birth of Your Baby</p>	<p>Please let us know if you wish cord blood cells to be collected. If the baby is a boy, the doctor can have him circumcised after birth.</p> <p>At birth, the baby will be given vitamin K and eye drops to prevent infective conjunctivitis. According to the American Academy of Pediatrics, vitamin K should be given to all newborns by injection to prevent a life-threatening disease called Vitamin K Deficiency Bleeding (VKDB). Then, the baby will be immunized against Hepatitis B and BCG as recommended by the CDC and WHO. You can consult our pediatrician if you have any questions.</p> <p>Birth certification support is available.</p>
Do you want to wear your own clothing?	Yes. The restroom is inside the birth room so the mother can take a bath and/or shower.
What are your birth environment expectations?	Adjustable lights - to promote rest and relaxation (candles are not allowed). Aromatherapy - to enhance relaxation by using a variety of fragrant oils. The birth pool is also available, please let us know if you want to use it. Photography or video is allowed but cannot include the perineum, breast and clinical procedure during labor and delivery.
Do you want to listen to music and have focal points?	Apple TV and a CD player are available in the birthing room, feel free to bring your favorite music.

Questions	Samitivej Standard Practice
How to deliver the placenta after birth?	A drug (syntometrine or syntocinon) is injected after cord clamping to expel the placenta without any impact on the baby. It helps the womb contract and can prevent the heavy bleeding that some women may experience without it.
Do you have preference for induction?	If induction becomes necessary, non-chemical induction methods (walking, castor oil, etc.) will be tried before chemical methods such as IV medication, breaking of water, etc.
What are your plans for hospital transport in case of emergency?	Call 0-20222-222 (press 1) if you need an ambulance car. Call 0-20222-222 to inform the ER team that you are proceeding with the birth preparation.
If you need a cesarean, do you have any special requests?	The birth partner can only be present when the baby comes out of the mother. While the OB/GYN closes the incision and cleans up the mother, the baby will be sent to the nursery for a health assessment. The anesthesiologist will make the decision on which type of anesthesia is most suitable for the mother, based on her condition.

After the Birth of Your Baby

Parents may develop a 'birth plan' which talks about parents' preferences for labor and delivery, and one section of this dedicated Birth Plan should be for the care of the baby. Samitivej Hospital has over 35 years experience in providing neonatal care for infants and comprehensive support for their families. Baby care here matches standard practice based on World Health Organization (WHO) recommendations. Parents can consult their pediatrician or neonatologist for further information.

Samitivej Standard Practice for Baby Care

Q: How soon after birth will the pediatrician examine the baby?

A: The neonatologist or pediatrician will always be on call when the baby is born.

The baby should be examined immediately at birth if the mother has any complications during pregnancy or delivery, such as:

- History of fetal distress
- Thick meconium stained amniotic fluid
- High fever in the mother during labor
- Prolonged rupture of the membrane (longer than 18 hours)
- Baby born in inactive condition

For healthy term infants, the mother should start infant-maternal bonding by skin to skin contact and also breastfeeding right after birth. The routine newborn examination can be done anytime before the parents and the baby move to the maternity ward.

Q: What are the routine newborn tests?

A: Oxygen saturation monitoring, hearing test, jaundice level (microbilirubin) and newborn screening test for metabolic disorders.

Q: What is the administration of vitamin K?

A: According to the American Academy of Pediatrics, vitamin K should be given to all newborn infants as a single intramuscular injection to prevent a life-threatening disease called Vitamin K Deficiency Bleeding (VKDB). Vitamin K deficiency is one of the most common causes of bleeding in healthy infants. Classic bleeding develops within the first week of life and is characterized by skin, gastrointestinal, umbilical and circumcision-site bleeding in neonates. Late-onset bleeding typically develops between 2 and 12 weeks of age with commonly reported intracerebral hemorrhage or bleeding in the brain. Oral vitamin K is less effective than intramuscular injection in preventing late-onset bleeding.

Q: What eye care prevents infective conjunctivitis?

A: Prophylactic eye care is provided and it is generally recommended to administer prophylactic antibiotic eye drops shortly after birth to prevent infective conjunctivitis.

Q: What other immunization standards are there at Samitivej?

A: According to the national health vaccination program, all babies should begin immunization against hepatitis B and BCG (anti-tuberculosis) before leaving the hospital.

Q: Should the baby be circumcised?

A: Most boys are circumcised for religious or social reasons. Some studies have concluded that circumcised infants have a slightly lower risk of urinary tract infections and also might lower the incidence of penile cancer; a very rare condition. Parents should make this decision with their doctor to determine what is best for the child in terms of medical, religious, cultural and ethnic traditions. Moreover, circumcision in the newborn period is easier to perform than in any other age group.

References:

Pediatrics 2003; 112;191

Caring for your Baby and Young Child: Birth to Age 5, 6th Edition (Copyright 2015 American Academic of Pediatrics)