

MY BIRTH PLAN

Birth Plan For:

Due Date:

I would like the following to be present at my birth:

Name and Relationship: _____

Name and Relationship: _____

Name and Relationship: _____

- I would like any procedures to be fully explained to me beforehand and if I am not available I give permission to the above named persons to make decisions on my behalf.
- In the event of interventions being needed, I would like to be given time to discuss them with my husband and/or doula.
- In the event of my labor stalling I would like to be given the option of augmenting labor naturally before using pitocin or other interventions

MY FAVORITE LABORING POSITIONS ARE:

PAIN MANAGEMENT:

- I DO NOT want to be offered an epidural
- I am open to other medications for pain
- I am open to an epidural but only if I ask
- I am ok with being offered an epidural
- If I have an epidural, I would like to be assisted with using other labor positions besides being on my back in bed

DURING LABOR I WOULD LIKE TO:

- Use a birthing tub for labor and/or birth
- Use the shower
- Change positions frequently
- Eat and drink light snacks
- Limit vaginal exams
- Limit the use of the fetal monitor
- Use a mobile monitor
- Be allowed to move freely
- Have low lights
- Use flameless candles
- Use aromatherapy
- Use massage
- Use music
- Have quiet
- Use a birthing ball
- _____
- _____



PUSHING AND DELIVERY

- I'd like to use the squat bar
- I do not want an episiotomy
- I'd like guided breathing, perineal support and massage to reduce tearing
- I'd like to be given a mirror to see baby's head
- I'd like to reach down and touch baby's head
- I'd like to bring my baby up to me
- I'd like _____ to catch baby
- I'd like to be the first one to see the sex of the baby
- I'd like to wait for cord to stop pulsating to cut the cord
- I'd like _____ to cut cord
- We do / do not plan on cord blood banking
- Do not wipe vernix off baby
- I'd like immediate skin to skin
- If for some reason I am not able to do skin to skin please give baby to the father
- Wait for placenta to come spontaneously
- I'd like to see the placenta
- I'd like to save the placenta
- I'd like a warm blanket after baby is born

THE GOLDEN HOUR

- After initial safety of me and baby is assessed, please hold off all other procedures for the first hour
- After initial safety of me and the baby is assessed, please give my husband and I privacy to bond
- All baby checks should be in the room with us
- In the event the baby has to leave the room my husband will go along
- Myself or my husband would like to bathe the baby

POSTPARTUM AND NEWBORN CARE

I do not want my baby to have:

- Eye Ointment
- Vitamin K Shot
- Hepatitis B Shot
- Other Vaccines
- Antibiotics
- Sugar Water
- Formula
- Pacifier

OTHER REQUESTS

- I would like my husband to stay with me
- I would like my hospital stay to be:
 - as short as possible
 - as long as possible
- I do / do not plan on circumcising

- In the event I cannot feed my baby I would like my baby to have pumped breastmilk / formula
- In the event of a c-sec, if it's not an emergency, I'd like time alone with my husband to prepare first
- In the event of an emergency I would like someone on standby to update my family immediately
- In the event of a c-sec I would like my partner and/or doula to be allowed in the room

MOTHER'S SIGNATURE _____

DOCTOR'S SIGNATURE _____

