

My Birth Plan

Basic information:

- Name: _____
- My support person's name: _____
- Hospital/birthing center: _____
- Due date/induction date: _____
- Practitioner's name: _____

Before labor:

- My health factors include the following:
 - Group B Strep
 - Rh Negative
 - Hypertension
 - Gestational Diabetes
 - Other: _____

- My planned delivery date is: _____
- My birth team includes: _____
 - It is okay to discuss my health information in front of my partner
 - Only disclose current plan of care of the labor and delivery process and exam findings in front of my partner
 - Please don't discuss my health information in front of any of the following:
 - Partner
 - Family
 - Support person
- The Gender of my baby is:
 - A Surprise
 - Is a boy or girl (Circle one), Name: _____

During length labor:

If medically possible, I would like to (check all that apply):

- Drink water and eat ice chips during labor if my practitioner allows it
- Wear my own clothes
- Play music, dim lighting, use incense, scented candles
- Allow my partner to take pictures and video within the limits of organizational policy
- Would prefer not to have students

During first stage of labor: I'd prefer the following:

- Be out of bed (walking around or sitting up)
- Be allowed to sleep
- Shower
- Bathtub
- Labor with an exercise ball, in-room shower or birthing tub

During first stage of labor: I'd prefer to avoid the following:

- Shaving of the pubic area
- A urinary catheter
- An IV, unless I'm dehydrated
 - An IV lock is okay in case an emergency arises
 - An IV is not preferred until needed
- Enemas

Fetal Monitoring Methods I prefer if medically indicated:

- Intermittent
- Continuous
- External
- Internal



Labor Augmentation I preferred only if:

- My baby is in distress
- My labor is not progressing after 6-8 hours

Labor Augmentation I prefer:

- Natural methods of inducing contractions using nipple stimulation
- Stripping of membranes
- Prostaglandins
 - Foley Bulb
 - Cervidil
 - Cytotec
- Pitocin
- Rupture of membranes

Pain Management I prefer:

- Don't discuss pain medication or Epidural options with me because I want to deliver naturally, I am only willing to do the following:
 - Coached Breathing techniques
 - Cold therapy
 - Distraction
 - Hot therapy
 - Support massage and counter pressure
- Discuss pain management options with me only if I seem uncomfortable
- Discuss the following pain management options with me when ONLY I request information
 - Medication options
 - Standard epidural

During second stage of labor: I'd prefer the following:

- Use specific birthing positions (Check all that you prefer)
 - Squat
 - Semi-recline
 - Lie on my side
 - Be on my hands and knees
 - Stand
 - Lean on my partner
 - Use people for leg support
 - Use foot pedals for support
 - Use a birth bar for support



- Use a birthing stool
- Minimal vaginal exams
- Intermittent or doppler fetal monitoring
- Natural tearing only
- Other: _____

I would like an Episiotomy:

- Used only after perineal massage, warm compresses and positioning
- Rather than risk a tear
- Not performed, even if it means risking a tear
- Performed only as a last resort
- Performed as my doctor deems necessary
- Performed with local anesthesia

As my baby is delivering, I would like to:

- Avoid forceps usage
- Avoid vacuum extraction
- Push spontaneously
- Push as directed
- Push without time limits, as long as the baby and I are not at risk
- Use a mirror to see the baby crown
- Touch the head as it crowns
- Let the epidural wear off while pushing
- Have a full dose of epidural
- Use whatever methods my doctor deems necessary
- Have support person/ husband/ partner help catch the baby
- Allow me to assist catching my baby

After I deliver my baby:

- My partner to cut the umbilical cord
- The umbilical cord to be cut only after it stops pulsating
- To deliver the placenta spontaneously and without assistance
- To see the placenta before it is discarded
- I want to keep my placenta
 - I will bring the proper cooler to store it in and have someone available to pick it up before I am transferred to Post Partum
- Not to be given Pitocin/oxytocin unless I have risk of hemorrhaging



In case of a C-section:

If medically possible, I would prefer (Check all that apply, or make a note next to any you'd like to avoid):

- Ensure all options have been exhausted
- To be awake
- Clear drapes be set up so I can watch as my baby emerges
- Arms to be left free so I can hold the baby
- Skin to skin in the delivery room if my baby is okay
- To breastfeed as soon as possible

After I deliver my baby:

- Immediately after delivery for skin to skin
- After suctioning
- After weighing
- After being wiped clean and swaddled
- Before eye drops/ointment are given

Newborn care:

If medically possible, I would like to (Check all that apply, or make a note next to any you'd like to avoid):

- Breastfeed immediately
 - Before eye ointment is given
 - Later
 - Never
 - Have a lactation consultant help me breastfeed
 - Give my baby breast milk only
- Give my baby formula
- Offer my baby a pacifier
- Have circumcision performed if baby is a boy
- I'd like my baby's first bath given
 - In my presence
 - In my partner's presence
 - By me
 - By my partner

Newborn Medications:

- Please don't give my baby
 - Vitamin K
 - Antibiotic eye treatment
 - Hepatitis B vaccine (Choose One)

- I will get this done at the pediatrician
 - I do not want my baby vaccinated
- Please give my baby
 - Give my baby vitamin K
 - Give my baby antibiotic eye treatment
 - Give my baby hepatitis B vaccine

Newborn Screenings and Exams:

- Done in my presence
- Given only after we've bonded
- Given in my partner's presence
- To include a heel stick for screening tests beyond the PKU
- To include a hearing screening test
- To include a hepatitis B vaccine

