

Birth Plan

Mother's name: _____

Partner's name: _____

Today's date: _____ Due date: _____ pregnancy # _____

Doctor's name: _____ Birth location: _____

Please note that I:

_____ Have group B strep _____ Am Rh incompatibility with baby _____ Have gestational diabetes

I plan to birth: _____ Vaginally _____ C-section/RCS _____ Water birth _____ VBAC

I'd like the following people in the room(s) with me:

Partner: _____ Parent(s) _____

Other children: _____

Doula: _____ Other: _____

During labor I'd like...

_____ Music played (I will provide) _____ The lights dimmed _____

_____ The room as quiet as possible _____ As few interruptions as possible _____

_____ As few vaginal exams as possible _____ To wear my contact lens the entire time _____

_____ Hospital staff limited to my own doctor and _____ To wear my own clothes _____

nurses (no students, residents or interns present) _____ To eat and drink _____

_____ My partner (or other appointed person) to film AND/OR take pictures

_____ My partner to be present the entire time

_____ To stay hydrated with clear liquids & ice chips

I'd like to spend the first stage of labor:

_____ Standing up _____ Lying down _____ Walking around _____ In the shower _____ In the bathtub

I'm not interested in:

_____ An enema _____ Shaving of my pubic area _____ A urinary catheter

_____ An IV, unless I'm dehydrated _____ a heparin or saline lock IS/IS NOT okay

I'd like fetal monitoring to be: _____ Continuous _____ Intermittent _____ Internal _____ External

_____ Performed only by Doppler _____ Performed only if the baby is in distress

Labor augmentation should be:

- | | |
|---|--|
| <input type="checkbox"/> Performed only if baby is in distress | <input type="checkbox"/> First attempted by natural methods - such as nipple stimulation |
| <input type="checkbox"/> Performed by membrane stripping | <input type="checkbox"/> Performed with prostaglandin gel |
| <input type="checkbox"/> Performed with Pitocin | <input type="checkbox"/> Performed by rupture of the membrane |
| <input type="checkbox"/> Never to include an artificial rupture of the membrane | <input type="checkbox"/> Performed by stripping of the membrane |

For pain relief I'd like to use:

- | | |
|---|--|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Cold therapy | <input type="checkbox"/> Standard epidural |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Distraction | <input type="checkbox"/> Walking epidural |
| <input type="checkbox"/> Hot therapy | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Only what I request at the time |

If available I would like to have access to:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Birthing stool | <input type="checkbox"/> Birthing chair | <input type="checkbox"/> Squatting bar | <input type="checkbox"/> Birthing tub |
|---|---|--|---------------------------------------|

During delivery I would like to:

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Squat | <input type="checkbox"/> Semi-recline | <input type="checkbox"/> Lie on my side | <input type="checkbox"/> Stand |
| <input type="checkbox"/> Be in the shower | <input type="checkbox"/> Use birthing stool | <input type="checkbox"/> Use birth bar | |
| <input type="checkbox"/> Be in a birthing tub | | | |
| <input type="checkbox"/> Be on hands & knees | <input type="checkbox"/> Use people for leg support | | |
| <input type="checkbox"/> Lean on my partner | <input type="checkbox"/> Use foot pedals for support | | |

Episiotomy:

- | | |
|--|--|
| <input type="checkbox"/> Not performed, even if it means risking a tear | <input type="checkbox"/> Performed only as a last resort |
| <input type="checkbox"/> Performed by pressure, without local anesthesia | <input type="checkbox"/> Performed with local anesthesia |
| <input type="checkbox"/> Followed by local anesthesia for the repair | |

As the baby is delivered, I would like to:

- | | |
|---|---|
| <input type="checkbox"/> Push spontaneously | <input type="checkbox"/> Use a mirror to see the baby crown |
| <input type="checkbox"/> Push without time limits, as long as the | <input type="checkbox"/> Touch the head as baby crowns |

____ baby and I are not at risk

____ Help catch the baby

____ Let my partner catch the baby

____ Let the epidural wear off while pushing

____ Let my partner catch the baby

____ Avoid forceps usage

____ Avoid vacuum extraction

I would like to hold baby:

____ Immediately after delivery

____ After being wiped clean and swaddled

____ Before eye drops/ointment are given

I would like to breastfeed:

____ As soon as possible after delivery

____ Later

____ Before eye drops/ointment are given

____ Never

Immediately after delivery, I would like:

____ My partner to cut the umbilical cord

____ To bank the cord blood

____ The umbilical cord to be cut only after it stops pulsating

____ To donate the cord blood

____ To deliver the placenta spontaneously and
without assistance

____ To see the placenta before it is discarded

____ Not to be given Pitocin/oxytocin or methergine

I would like my family members:

(names:) _____

____ To join me and baby immediately after delivery

____ To join me and baby in the room later

____ Only to see baby in the nursery

____ To have unlimited visiting after birth

If a C-section is necessary, I would like:

____ A second opinion

____ To make sure all other options have been exhausted

____ To stay conscious

____ My partner to remain with me the entire time

____ The screen lowered so I can watch baby
come out

____ My hands left free so I can touch the baby

____ An epidural for anesthesia

____ The surgery explained as it happens

____ To breastfeed in the recovery room

____ My partner to hold the baby as soon as possible

If we have a boy, a circumcision should:

____ Be performed

____ Not be performed

____ Be performed later

☐ Be performed with anesthesia ☐ Be performed in the presence of me AND/OR my partner

I would like baby's medical exam & procedures:

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

Please don't give baby:

☐ Vitamin K ☐ Antibiotic eye treatment ☐ Sugar water ☐ Formula ☐ A pacifier

I'd like baby to stay in my room:

☐ All the time ☐ During the day ☐ Only when I'm awake
☐ Only for feeding ☐ Only when I request

I'd like my partner:

☐ To have unlimited visiting ☐ To sleep in my room

I'd like baby's first bath given:

☐ By me ☐ By my partner
☐ Not at all ☐ In my presence ☐ In my partner's presence

I'd like to feed baby:

☐ Only with breastmilk ☐ Only with formula
☐ On demand ☐ On schedule
☐ With the help of a lactation specialist or doula

As needed post-delivery, please give me:

☐ Extra-strength acetaminophen ☐ Stool softener
☐ Percoset ☐ Laxative

After birth, I'd like to stay in the hospital:

☐ As long as possible ☐ As briefly as possible

If baby is not well, I'd like:

☐ My partner and I to accompany it to the ☐ NICU or another facility
☐ To breastfeed or provide pumped breastmilk ☐ To hold him/ her whenever possible