

BIRTH PLAN

BASIC INFORMATION

Name: _____

Due date of delivery: _____, 20__

Doctor/main caregiver's name: _____

Location to give birth (Check one)

At home Hospital: _____

Birth center: _____

Who I want with me during labor:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

LABOR

ATMOSPHERE (Check all applicable)

I would like it to be as quiet as possible I would like music playing in the background

I would like the light dimmed I would like limited staff (no students, interns, etc.)

Other: _____.

MONITORING THE BABY (Check one)

I would like continuous monitoring I would like monitoring only if the baby is in distress

I would like intermittent monitoring I would like wireless monitoring

POSITION (Check one)

I would like to sit I would like to stand I would like to lie down

I would like to be in the shower or bath I would like to walk / move around

PAIN MANAGEMENT (Check One)

I would like an epidural

Offer me pain medication if I appear to be in pain

Offer me pain medication only if I ask for it specifically

I am uncertain about what my preferences would be

I would like to use alternative pain management measures (Check all applicable)

Acupressure Acupuncture Breathing techniques Cold therapy

Demerol Hot therapy Hypnosis Massage Meditation Reflexology



Walking epidural Other: _____.

LABOR AUGMENTATION (Check all applicable)

- Performed only if baby is in distress
- Performed by natural methods such as nipple stimulation
- Performed by membrane stripping
- Performed with prostaglandin gel
- Performed with Pitocin
- Performed by rupture of the membrane
- Performed by stripping of the membrane
- Never to include an artificial rupture of the membrane
- Other: _____.

DURING DELIVERY

POSITION (Check one)

- I would like to squat I would like to stand I would like to lie down I would like to be on my hands and knees Other: _____.

METHODS

The delivery method I prefer is (Check one):

- Vaginal C-section Water birth VBAC Other: _____.

(Check all applicable)

- I would like to be coached on when to push
- I would like to push on my own as much as possible
- I would like my support person to catch the baby
- I would like to see my baby crown
- I would like my support person to suction
- Unless necessary, I do not want to use forceps
- Unless necessary, I do not want to use vacuum extraction

EPISIOTOMY (Check one)

- I would like an episiotomy than risk tearing
- I would like an episiotomy only if necessary
- I would not like an episiotomy

EPISIOTOMY ANESTHESIA (Check if applicable)

- I would like local anesthesia
- I do NOT want any anesthesia for the episiotomy

In case of a C-SECTION (Check all applicable)

- I would like a second opinion I would like to make sure other options have been exhausted
- I would like to stay conscious I would like my partner to remain with me the entire time
- I would like the screen lowered so I can watch baby come out



- I would like my hands left free so I can touch the baby
- I would like the surgery explained as it happens I would like an epidural for anesthesia
- I would like my partner to hold the baby as soon as possible
- I would like to breastfeed in the recovery room

AFTER DELIVERY

I would like to hold my baby (Check one)

- Skin-to-skin contact right after delivery After suctioning After weighing
- After being swaddled

PITOCIN OR OXYTOCIN (Check one)

- I want to be given Pitocin or Oxytocin after birth
- I do NOT want to be given Pitocin or Oxytocin after birth

UMBILICAL CORD (Check all applicable)

- I would like my partner to cut the umbilical cord
- I would like the umbilical cord to be cut only after it stops pulsating
- I would like to bank the cord blood I would like to donate the cord blood
- Other: _____.

PLACENTA (Check all applicable)

- I would like to see the placenta before anything is done to it
- I would like the placenta discarded I would like the placenta encapsulated
- I would like to deliver the placenta myself
- Other: _____.

BREASTFEEDING (Check one)

- I plan to breastfeed
- I do NOT plan to breastfeed

(Check all applicable)

- I will breastfeed later I would like to breastfeed as soon as possible
- I would like to breastfeed before eye drops are given
- I will feed on a schedule I will feed on demand

BABY'S TREATMENT

I would like my baby to stay in my room (Check one)

- All the time During the day Only when I am awake Only for feeding
- Only when I request it Other: _____.

I would like my baby's medical exam (Check all applicable)

- Given in my presence Given only after we've bonded
- Given in my support person or partner's presence



I would like baby's medical exam to include (Check all applicable)

- Heel stick procedure Hearing screening test Hepatitis B vaccine

Please do NOT give my baby (Check all applicable)

- Vitamin K Antibiotic eye treatment Sugar water Formula A pacifier
 Other: _____.

CIRCUMCISION (Check one)

- I would NOT like my baby to be circumcised
 I would like my baby to be circumcised as soon as possible
 I would like my baby to be circumcised at a later time
 This does not apply to us

(Check all applicable)

- I would like him to be circumcised with anesthesia I would like to be present for the circumcison I would like my partner to be present for the circumcison

VISITORS (Check one)

- I would like visitors immediately after delivery No visitors until my baby gets his or her first feeding Other: _____.

Visitor names:

Other information I would like to include about my birth plan:

- I am bringing my own birthing ball
 I am bringing my own birthing tub
 I am bringing my own birthing chair or stool
 Other:

