

Birth Plan

Expectant Parent's Name _____

Expectant Parent's Pronouns _____

Doctor/Midwife _____

Due Date _____ Baby's Health Care Provider _____

My Support Team

Main Support Person _____ Relation _____

Doula _____

Support Person _____ Relation _____

Support Person _____ Relation _____

Support Person _____ Relation _____

During labor I would like to:

- Stay at home for as much of early labor as I can
- Wear my own clothes instead of the hospital gown
- Move around as freely as I can (walking, standing, swaying, etc.)
- Eat and drink as I wish, as long as it's safe at that time in my care
- Use positioning tools such as:
 - Birthing ball
 - Peanut ball
 - Squat bar

Birth setting, I would like to:

- Keep the lights dim
- Keep noise level low
- Play music or sound machine from home
- Use aromatherapy, using scented oils and a diffuser from home

Monitoring baby's heart rate and my contractions, I prefer to:

- Use the least invasive method that is safe, including:
 - Check fetal heart rate and contractions off and on
 - Monitor at all times from outside (monitors on belly held by elastic straps)
 - Whatever monitoring is advised by my health care team
 - Use mobile fetal monitors, when it's safe, so I can move around more

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IV therapy, I prefer to:

- Have an IV placed, but with no fluid attached unless needed
- Have an IV in place with fluids running

Breaking of bag of water, I prefer to:

- Allow my water to break on its own
- Have my bag of water broken if my care provider thinks it will help my labor progress
- Have my bag of water broken only if medically needed

I will agree to induction of labor:

- For medical needs only
- If I go _____ days past my due date
- Planned induction (after 39 weeks only)

Pain Relief:

- I would like to move freely to find the most comfortable positions
- I would like to be able to use the shower
- I plan to labor without pain medicine. Please do not offer it unless I ask for it
- Please offer pain medicine if I appear to be uncomfortable
- I will agree to using IV pain medicine if safe for me and my baby
- I would like to use nitrous oxide if safe for me and my baby
- I plan to get an epidural

During a vaginal birth I would like to:

- Use a mirror to see pushing efforts
- Use different positions for pushing and change positions often
- Push as I feel I need to, with help from my health care team if needed
- Push with active coaching by my health care team
- Touch my baby's head when crowning
- Have an episiotomy only after talking with my health care team

During a cesarean birth I would like to:

- Have my support person be with me in the operating room
- Hold my baby as soon as I can
- Have my support person hold baby until I feel ready

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Right after birth I would like to:

- Do skin-to-skin as soon as I can after delivery
- Delay cord clamping per hospital policy, about 1 minute after birth
- Delay cord clamping until _____
- Have as much newborn care to be done while baby stays skin-to-skin
- Begin breastfeeding as soon as I can after birth
- Have vitamin K injection to be given to baby within first hour of life
- Have erythromycin eye ointment to prevent eye infections be given to baby within first hour of life
- Have the first dose of the hepatitis B vaccine be given to the baby before going home

During my postpartum stay I would like:

- My baby to stay in the room with me as much as possible
- To wait 24 hours to bathe baby
- Circumcision for my baby boy

Feeding Baby:

- I plan to breastfeed/chestfeed
- I plan to bottle feed
- I would like to use a pump
- I would like lactation consultants to see me during my stay
- I plan to give my baby a pacifier

I think it is important for my care team to know:
