My Birth Plan

Please indicate your preference for childbirth by checking all appropriate boxes.

I would like 2 or 3 of the following people present during my labor and baby’s birth:

- Partner
- Doula
- Friend
- Parents
- Brothers and sisters of the baby/ages _______

This requires provider approval and adult supervision for each child (other than your labor partner).

Comfort measures during my labor:

- Aromatherapy
- Hydrotherapy – tub
- Breathing techniques/
  distractions
- Massage
- Music
- Dimmed lights
- Wear my own clothes
- Hot/cold therapy
- Relaxation/meditation/imagery
- Hydrotherapy – shower

Fetal monitoring for my baby:

- Doppler
- External continuous
- External intermittent
- Internal

If it becomes difficult to monitor your baby, we may need to use a more accurate method.

Activity during my labor:

- Free to move around
- Recliner
- Birthing/Peanut ball
- Rocking chair

You may need to stay in bed after your bag of waters has broken.

My nutrition:

- Light food
- Liquids
- Ice chips

If you are in active labor, you may not want to eat or drink to avoid nausea/vomiting.

My intravenous (IV) therapy:

- I’d like to avoid an IV unless necessary.
- I’d prefer a capped IV if needed.

An IV is necessary for antibiotics or if an epidural is desired for pain management.

(continued)
My Birth Plan (continued)

Medication for my labor:
☐ Please do not offer pain medications. I know I can request it.
☐ Wait and see.
☐ IV/IM (intramuscular) narcotics
☐ Epidural

My pushing positions:
☐ What feels right
☐ Squatting/birth bar
☐ Semi-sitting
☐ Hands and knees
☐ Side lying
☐ Legs supported (stirrups)

_Epidural anesthesia may make your legs weak._

My baby’s birth:
☐ I would like to watch the birth in a mirror.
☐ I would like to touch my baby’s crowning head.

Umbilical cord cut by:
☐ Myself
☐ Labor partner
☐ Midwife/Provider

Initial contact with my baby:
☐ Wrap my baby before I hold him or her.

_Your baby may need medical care before being held._

_(Please know that evidence based practice supports the effort to put your baby skin to skin immediately after delivery and breastfeed within the first hour after delivery)._ 

If I need a caesarean birth:
☐ I would like to see my baby coming out
☐ I would like to breastfeed my baby during surgery.
☐ I would like my partner to help me with breastfeeding and skin to skin.
☐ I would like my partner to do skin to skin if I am not able to.
☐ My partner would like to go to the observational nursery with the baby (if needed).
Preference after my baby’s birth

Please help us monitor visitors and phone calls:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Special needs that I have with my diet are:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

I have special religious/cultural preferences:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Other needs and concerns that I have:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________