MY BIRTH PLAN

MY IDEAL BIRTH EXPERIENCE

Name: _____

Due Date: _____ Induction Date: _____

Hospital: _____

Doctor: _____

MY PREFERRED DELIVERY METHOD:

- ☐ Vaginal
- ☐ Water birth
- ☐ C-section
- ☐ VBAC

PLEASE NOTE, I HAVE:

- ☐ Gestational diabetes
- ☐ Rh incapatability with baby
- ☐ Group B strep

BIRTH PARTNERS

Name: _____

Number: _____ Relation: _____

Allow in the room during:

- ☐ Labor
- ☐ Delivery
- ☐ Recovery

Name: _____

Number: _____ Relation: _____

Allow in the room during:

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Name: _____

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Allow in the room during:

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I WOULD LIKE...

- [ ] The lights dimmed
- [ ] Music (I will bring it and a player)
- [ ] For it to be as quiet as possible
- [ ] To wear my own clothes
- [ ] To wear my contacts throughout the birth
- [ ] Water and ice chips only
- [ ] Whatever foods are approved by the doctor

I DO NOT WANT...

- [ ] To have my pubic hair shaved
- [ ] To be catheterized
- [ ] An emema
- [ ] An IV

  Exceptions:
  - [ ] Dehydration
  - [ ] Heparin
  - [ ] Saline lock

FETAL MONITORING

- [ ] Continuous
- [ ] Intermittent
- [ ] Internal
- [ ] External
- [ ] Doppler only
- [ ] Doppler only - only if baby is in distress

I WOULD LIKE TO LABOR...

- [ ] Standing
- [ ] Lying down
- [ ] Walking around
- [ ] In the shower
- [ ] In the bathtub
- [ ] In the birthing tub

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PAIN MANAGEMENT

- [ ] Epidural
- [ ] Breathing techniques
- [ ] Massage
- [ ] Meditation
- [ ] None
- [ ] I will decide at the time
- [ ] Other _____

DURING DELIVERY...

My preferred position

- [ ] Standing
- [ ] Squatting
- [ ] On my side
- [ ] Reclining
- [ ] Leaning

I would like to use

- [ ] Birth ball
- [ ] Birthing tub
- [ ] Birthing stool
- [ ] Birth bar
- [ ] Foot pedals

I would like to

- [ ] Push spontaneously
- [ ] Push as directed
- [ ] Push as long as safe
- [ ] See the baby crown
- [ ] Help catch the baby

I do not want

- [ ] An episiotomy
- [ ] Forceps used
- [ ] Vacuum extraction

I would like my partner

- [ ] Present throughout the birth
- [ ] To assist me as I labor
- [ ] To help catch the baby
- [ ] To catch the baby unassisted
- [ ] To present the baby and announce the gender

MY BIRTH PLAN

MY IDEAL BIRTH EXPERIENCE

AFTER DELIVERY...

Umbilical cord

- [ ] My partner will cut it
- [ ] Delayed cutting
- [ ] Bank cord blood
- [ ] Donate cord blood

Placenta

- [ ] Deliver spontaneously
- [ ] View it before discarding
- [ ] Save it

I would like to

- [ ] Hold the baby immediately
- [ ] My partner to hold the baby immediately
- [ ] Breastfeed immediately
- [ ] Room with the baby

I would like my baby's treatment to

- [ ] Be done in my presence
- [ ] To be done in my partner's presence
- [ ] To be done only after the first hour
- [ ] To include a heal stick test
- [ ] To include a hearing screening
- [ ] To include a Hepatitis B vaccine

Do not give baby

- [ ] Vitamin K
- [ ] Antibiotic eye treatment
- [ ] Formula
- [ ] Sugar water
- [ ] A pacifier

Circumcision

- [ ] Be performed immediately
- [ ] Be performed later
- [ ] Not be performed
- [ ] Be done in my presence
- [ ] Be done in my partner's presence

Hospital stay

- [ ] As long as possible
- [ ] As short as possible