**Birth Plan**

Your full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Coach/main support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special notes:**

\_\_\_\_ I have tested positive for Group B Strep. I understand that I will need antibiotics during labor to protect the baby.

\_\_\_\_ My blood type is Rh- (Rhesus Negative).

\_\_\_\_ I am allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_I am hard of hearing.

\_\_\_\_ I would like to wear contact lenses or glasses at all times while conscious.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before Labor Begins:**

\_\_\_\_ If the baby and I are fine, and I go past my estimated due date, I would like to go into labor naturally.

\_\_\_\_ If my water breaks at the onset of labor and there are no signs of infection, I would ideally like to wait at

least 24 hours before induction is considered.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Labor:**

**\_\_\_\_** I would like to be able to walk around during labor.

\_\_\_\_ I wish to be able to move around and change position at will during labor.

\_\_\_\_ I would like to be able to have food and drink throughout the first stage of labor.

\_\_\_\_ I wish to labor in my own clothes, and will request a gown if I need one.

\_\_\_\_ I will bring my own music to play during labor.

\_\_\_\_ I would like the environment to be kept as quiet as possible and the lights in the room kept low during

labor.

\_\_\_\_ I would prefer to keep the number of vaginal exams to a minimum.

\_\_\_\_ I do not want an IV unless I become dehydrated. I understand that a heparin/saline lock may be put in

Place when necessary blood work is drawn.

\_\_\_\_ I would like to be able to labor in the shower.

\_\_\_\_ I would like to be able to labor in the tub.

\_\_\_\_ I would like to have a birthing ball available for my use.

\_\_\_\_ I would like to only have intermittent fetal monitoring unless it is required by the condition of the baby.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Labor Augmentation/Induction:**

**\_\_\_\_** I do not wish to have my membranes ruptured artificially unless required.

\_\_\_\_ If labor is not progressing, I would like to have the amniotic membranes ruptured before other methods

are used to augment labor.

\_\_\_\_ I would prefer to be allowed to try changing position and other natural methods (walking, nipple

stimulation) before Pitocin is administered.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anesthesia/Pain Medication/Pain Relief:**

\_\_\_\_ I realize that many pain medications exist – please do not offer me any medications.

\_\_\_\_ I would like the opportunity to try non-medical non-invasive pain relief methods. Some therapies I feel

would be useful for me include:

\_\_\_\_ Massage

\_\_\_\_ Guided relaxation

\_\_\_\_ Water (shower/tub)

\_\_\_\_ If I use water therapy, I would like my partner to join me.

\_\_\_\_ Before an epidural/interthecal is considered, I would like to try narcotic pain relief by IV or injection

(Nubain, Stadol or similar).

\_\_\_\_ I would like an epidural/interthecal

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Perineal Care:**

\_\_\_\_ I am hoping to protect the perineum. I am practicing ahead of time by squatting, doing Kegel exercises,

and perineal massage.

\_\_\_\_ I would appreciate guidance in when to push and when to stop pushing so that the perineum can stretch.

\_\_\_\_ If possible, I would like to use perineal massage during labor to help avoid the need for an episiotomy.

\_\_\_\_ I would prefer not to have an episiotomy unless absolutely required for the baby’s safety.

\_\_\_\_ I would prefer an episiotomy rather than possibly tearing.

\_\_\_\_ I would like a local anesthetic to repair a tear or an episiotomy.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaginal Delivery:**

**\_\_\_\_** I would like to be able to choose the position in which I give birth, including squatting and/or hands and

knees.

\_\_\_\_ I would like my coach and/or nurses to support me and my legs as necessary during the pushing stage.

\_\_\_\_ As long as it is clear that my baby’s heart tones are good and that he/she is receiving sufficient oxygen, I

would like to be free of time limits on pushing.

\_\_\_\_ I would like to have a mirror available so that I can see the baby’s head as it crowns.

\_\_\_\_ I would like the chance to touch the baby’s head when it crowns.

\_\_\_\_ Even if I am fully dilated, and assuming that the baby is not in distress, I would like to wait until I feel the

urge to push before beginning the pushing phase.

\_\_\_\_ I would appreciate having the room lights turned low for the actual delivery.

\_\_\_\_ I would appreciate having the room quiet as possible when the baby is born.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After Birth:**

**\_\_\_\_** I would like to have the baby placed on my stomach/chest immediately after delivery.

\_\_\_\_ I would like to have (coach) cut the cord.

\_\_\_\_ I would like to have (other) cut the cord.

\_\_\_\_ I would like to cut the cord myself.

\_\_\_\_ (Coach) does not wish to cut the cord.

\_\_\_\_ I would prefer that the umbilical cord stop pulsing before it is cut.

\_\_\_\_ I would like to bank the umbilical cord blood as insurance for possible medical needs later in life, and

have made arrangements to do so.

\_\_\_\_ I would like to see the placenta after it is delivered.

\_\_\_\_ I would like to hold the baby while I deliver the placenta and any tissue repairs are made.

\_\_\_\_ I would like to have the baby evaluated and bathed in my presence.

\_\_\_\_ If the baby must be taken from me for further evaluation or treatment, (Coach) or some other person I

designate will accompany the baby at all times.

\_\_\_\_ I would like to delay the eye medication for the baby until we have had an opportunity to bond as a

family.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cesarean Section Delivery:**

\_\_\_\_ I feel very strongly that I would like to avoid a Cesarean delivery.

\_\_\_\_ If a Cesarean delivery is indicated, I would like to be fully informed and to participate in the decision-

making process.

\_\_\_\_ I would like (coach) present at all times if the baby requires a Cesarean delivery.

\_\_\_\_ I wish to have a regional anesthesia, if possible, so that I may be awake.

\_\_\_\_ I prefer the urinary catheter be inserted after anesthesia takes effect.

\_\_\_\_ Please explain the surgery to me as it is happening.

\_\_\_\_ Unless circumstances require, I would like to be the first to hold the baby after delivery.

\_\_\_\_ Unless circumstances require, the baby should be given to (coach) after birth.

\_\_\_\_ Assuming the baby is well; I would like to hold my baby and nurse as soon as possible.

\_\_\_\_ Please discuss options for postpartum medication, if needed, with me.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Partum:**

**\_\_\_\_** After the birth, I would prefer to be given a few moments of privacy to urinate on my own before being

catheterized.

\_\_\_\_ I would like a private room if available.

\_\_\_\_ Unless required for medical reasons, do not separate me from my baby.

\_\_\_\_ I would like the baby to “room in” and be with me at all times.

\_\_\_\_ I would like the baby to “room in” after I have had some time to recover.

\_\_\_\_ I would like the baby with me during the day but in the nursery at night.

\_\_\_\_ I would like the baby with me during the day but in the nursery at night, but brought to me for breast

feeding.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breast Feeding:**

**\_\_\_\_** I plan to breast feed the baby and would like to begin nursing very shortly after birth.

\_\_\_\_ Unless medical necessary, please do not give the baby any bottlers (including glucose water or plain

water).

\_\_\_\_ I do not want the baby to be given a pacifier.

\_\_\_\_ I would like more information about breast feeding.

\_\_\_\_ I would like to meet with a Lactation Consultant.

\_\_\_\_ I do not plan to breast feed the baby.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circumcision:**

If the baby is a boy,

\_\_\_\_ Please do not circumcise.

\_\_\_\_ I do intend to circumcise, but not at the hospital.

\_\_\_\_ I do intend to circumcise, and would like it done at the hospital by my healthcare provider.

\_\_\_\_ I would like to be present, or to have my partner present during this procedure.

\_\_\_\_ I would like local anesthesia used for pain relief during the circumcision and medication for pain

afterward.

**Additional notes:**

\_\_\_\_ I would like to take still photographs during labor and the birth.

\_\_\_\_ I would like to make a video recording of labor and/or birth.

\_\_\_\_ I would like my older children to visit with the newborn and me as soon as possible.

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_