

# Your Birth Plan

You may use the following template to help you write your birth plan or you are welcome to create one of your own.

Mom's name: \_\_\_\_\_

Dad/Partner or Support Person's name: \_\_\_\_\_

## Introduction *(Optional)*

## Wishes or Fears *(Optional)*

## Room Environment *(Circle your preference)*

Door to room:	Kept open	Kept closed
Lighting:	Bright light	Low light
Window coverings:	Open	Closed
Phone:	On	Off
Visitors:	Unlimited	Check with nursing station before entering
Conversations:	Unlimited	Kept to a minimum and kept to subjects of labor and birth
Music:	No	Yes
Bath:	No	Yes
Shower:	No	Yes

## Pain Medication Preference Scale

Rating	Your Preference	Ways Your Partner and/or Doula Can Help
+9	I want as much pain medication as I can have. I fear labor pain and believe I cannot deal with the pain and stress.	Help mom write a birth plan that clearly expresses her concerns and need for pain medication. Help her to use relaxation and comfort measures for coping in early labor. Ensure that someone will always be there to help and provide emotional support.
+7	I want pain medication in labor as soon as my care provider will allow.	Help mom to know her care providers' policies on pain medication. Help her to know any factors that might delay use of pain medication.
+5	I want an epidural in active labor. I will try to cope until then, perhaps with narcotic medication.	Encourage mom's breathing and relaxation. Use a variety of comfort measures. Keep her informed of her progress.
+3	I want to use some pain medication, but as little as possible.	Help mom to reduce her medication use. Help her to use breathing, relaxation and coping skills to manage her pain. Suggest a shower or bath.
0	I have no opinion or preference.	Follow mom's wishes during labor.
-3	I would like to avoid pain medication if I can. If coping becomes too difficult, I will ask for pain medication.	Help mom use relaxation. Emphasize the use of coping skills. Do not suggest she use pain medication. Do not talk her out of pain medication if she asks for it.
-5	I have a strong desire to avoid pain medication. I will accept medication if my labor is very difficult or long.	Prepare for an important and active support role. Practice comfort measures at home before labor begins. Register for Swedish's <i>Coping with Confidence</i> class. Do not suggest medications. If mom asks for them, suggest different comfort measures and provide more intensive labor support. Help her to accept pain medication if she becomes exhausted.
-7	I strongly desire an unmedicated birth. I will be disappointed if I use pain medication.	See above. Ask your nurse not to offer or suggest pain medication. Ask for a nurse that is supportive of natural childbirth. Plan and rehearse together ways to get through painful or discouraging periods in the labor. Consider hiring a doula. Pre-arrange a plan for letting others know if mom truly wants pain medication, possibly using a code word.

***I am a \_\_\_\_\_ on the pain medication scale.***

**This is How I Plan to Handle Pain in Labor**

**First Stage of Labor: Positions, Movement, Comfort Measures, Interventions, etc.**

**Pushing and Delivery: Positioning, Pushing Efforts (Spontaneous or Directed)**

**Cesarean Birth Preferences**

**After the Delivery: Visitors? Quiet Time?**

## Postpartum Care for Mom

## Newborn Care for Baby

## What are Your Educational Needs?

## Notes

## Who will be your baby's health-care provider?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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