

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/intertheal is considered, I would like to try narcotic pain relief by IV or injection (Nubain, Stadol or similar).
- ☐ I would like an epidural/intertheal
- ☐ 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 _____