My Birth Plan

BEFORE LABOR BEGINS			OR .
	I would like to discuss the option of induction		My partner and/or designated
	before I reach my due date.		attendant to be with me at all times
	If I go past my due date, I prefer to go into labor		Only my practitioner, nurse and guests
	naturally rather than be induced.		present (no residents or medical students)
	I would like the option of staying in the hospital		Wear my contact lenses as long as I do not
	regardless of my dilation.		need a C-section
	If I am less than 4 centimeters dilated, I would like		Stay hydrated by drinking clear fluids during
	the option of going home.		the first stage of labor
INDU	ICTION		Have a heparin or saline lock
	Breast stimulation		Walk and move about as much as possible
	Walking		Try nipple stimulation to induce contractions
	Herbs		before beginning Pitocin
	Enema		Keep vaginal exams to a minimum
	Chiropractic		Birthing mirror
	Acupuncture		Birthing chair
ATTE	NDANTS AND AMENITIES		Birthing ball
	Partner		Birthing stool
	Designated Attendant (Friend, relative)		Be coached on when to push and for how long
	Doula		Semi-recline
	Children		Side-lying position
	Music		Please do not offer me pain medication.
	Dim lighting		Regional analgesia (epidural, spinal block)
	Wear my own clothes during labor and delivery		Squatting
	Take pictures and/or video during labor and		Whatever feels right at the time
	delivery		As long as my baby and I are doing fine,
PAIN	RELIEF		I would like the pushing stage to progress
	Breathing techniques and distraction		free of time limits.
	Hot/cold therapy		I would like to avoid episiotomy unless
	Massage		it is required for baby's safe delivery.
VAGI	NAL BIRTH		I would like my husband and/or attendant
	View the birth using a mirror		to support my legs during the pushing stage.
	Touch my baby's head as it crowns		
	Keep the room as quiet as possible	C-SE	CTION
	Skin-to-skin contact		My partner/attendant should be
	Breastfeed as soon as possible		present throughout the procedure.
	Allow my partner/attendant cut the umbilical cord		Lower the screen to allow me to see
			my baby come out.
			Breastfeed as soon as possible

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My Birth Plan

IMMEDIATELY AFTER DELIVERY,		PLEASE DON'T GIVE BABY:	
I WOULD LIKE TO:		☐ Vitamin K	
	Bank the cord blood	☐ Antibiotic eye treatment	
	Donate the cord blood	☐ Sugar water	
	Deliver the placenta spontaneously	Formula	
	and without assistance	☐ A pacifier	
	Not be given Pitocin/oxytocin		
		I PLAN TO:	
POST	-PARTUM, I WOULD LIKE:	☐ Breastfeed exclusively	
	All routine newborn procedures to take place with	Combine breastfeeding and formula feeding	
	my partner/attendant present if I cannot	☐ Formula-feed exclusively	
_	be there.		
Ш	All routine newborn procedures to take place only	THE FOLLOWING CAN	
	after bonding time with my baby.	BE PROVIDED TO MY BABY:	
Ш	Newborn procedures to include a heel stick for	☐ Formula	
	screening tests beyond the PKU	☐ Sugar water (for comfort during circumcision)	
	A hearing screening test to be conducted	Pacifier brought from home	
Ш	Newborn procedures to include a hepatitis B	☐ Please check with me before providing by baby	
	vaccine	with anything.	
Ш	I would like my other children to see me and meet	LWOLLD LIKE TO FEED MY DADY	
	the new baby as soon as possible after birth.	I WOULD LIKE TO FEED MY BABY:	
		☐ On demand	
		☐ On a schedule	
		IF MY BABY IS A BOY:	
		☐ I would like him circumcised at the hospital.	
		☐ I do not want him circumcised.	
		i do not want him circumcised.	

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