



Birth Plan

Birth Plan for _____

Due Date _____

Other support people _____

Early labor preferences

- Low Lighting
- Quiet Room
- Music
- Wear own clothing
- Coach/partner only
- White noise/fan
- Eat if I wish to
- Pictures/ Video

Movement

- Freedom to walk, birthing ball, rocking chair, and change positions
- Stay in bed and change positions every 30 to 45 minutes for most of labor

IV

- IV insertion is acceptable at any point
- Please attempt to insert my IV on my _____ wrist/arm
- IV insertion only when medically necessary

Monitoring of contractions and baby

- Intermittent monitoring, 5 minute monitoring every 30 minutes
- Continuous monitoring, external or internal monitoring for contractions and baby

Urine Catheter

- I would like to avoid catheterization unless absolutely necessary
- If I receive an epidural I am okay with being catheterized as needed

Pain Relief Offer

- Do not offer, I will ask if desired
- Offer if I seem uncomfortable
- Offer as soon as possible

Pain Relief Options

Natural measures

- Relaxation technique
- Hot or Cold compresses
- Positioning
- Water therapy (bath or shower)
- Massage
- Hypnotherapy
- Accupressure

Medication

- Oral
- IV
- Epidural

Labor induction/augmentation (if contractions are not progressing)

- No induction
- No augmentation
- Cervical gel/medication
- Pitocin
- Rupture of the amniotic sac
- Nipple Stimulation with hands or breast pump

Pushing

- Spontaneous pushing when I feel the need
- Push in position I choose
- Squat bar
- Push while on hands and knees
- Foot pedals
- Stirrups
- People as leg support
- Pushing when medically directed
- I am not concerned with pushing

Delivery

- I would like to touch the baby's head when it crowns
- I would like a mirror available to view pushing/crowning/birth

Episiotomy

- I do not want an episiotomy unless medically needed
- I would like an episiotomy if tearing is expected
- I would like a local anesthetic during repair
- I would not like a local anesthetic during repair

Baby preferences

- I want baby placed on my chest immediately after birth
- I would like family to cut the cord, name: _____
- I would like to cut the cord
- Please delay cord clamping and cutting until pulsating ceases
- I would like to hold the baby while the placenta is delivered
- I would like “ golden/miracle hour” Baby is not taken from me for one hour after birth
- I wish to breastfeed
- I wish to bottle feed formula, what kind: _____
- I do not want a bottle given to my baby
- I do not want baby to be given a pacifier
- I would like to meet the lactation consultant as soon as possible
- I want to discuss circumcision if it is a boy
- I would like to discuss the vitamin K injection and the antibiotic ointment for eyes
- Who will be taking the MD taking care of your baby? _____

Privacy

- I welcome all visitors
- I wish to limit visitors
- I do/do not want students involved in my care

Do you have any special concerns that you want the staff to know about during your hospital stay?

Tell us the positive and negative experiences with your previous delivery?

Please list anything else you wish to include in your birth plan.

Signatures _____