



BIRTH PLAN

Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team

FULL NAME: _____

SUPPORT PERSON'S NAME: _____

TODAY'S DATE: _____

DUE DATE: _____

DOCTOR: _____

HOSPITAL: _____

PLEASE NOTE THAT I HAVE:

- GROUP B STREP
- AN RH INCOMPATIBILITY WITH BABY
- GESTATIONAL DIABETES

I AM PLANNING A:

- VAGINAL BIRTH
- C-SECTION
- WATER BIRTH
- VBAC

I'D LIKE:

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> DOULA |
| <input type="checkbox"/> PARENTS | <input type="checkbox"/> FRIEND |
| <input type="checkbox"/> CHILDREN | <input type="checkbox"/> OTHER |

PRESENT BEFORE AND/OR DURING LABOR

DURING LABOR, I'D LIKE:

- | | |
|---|--|
| <input type="checkbox"/> THE LIGHTS DIMMED | <input type="checkbox"/> TO WEAR MY CONTACTS THE WHOLE TIME |
| <input type="checkbox"/> THE ROOM QUIET | <input type="checkbox"/> MY SUPPORT PERSON TO FILM/TAKE PHOTOS |
| <input type="checkbox"/> MUSIC PLAYING (I WILL PROVIDE) | <input type="checkbox"/> MY SUPPORT PERSON PRESENT THROUGHOUT |
| <input type="checkbox"/> AS FEW INTERRUPTIONS AS POSSIBLE | <input type="checkbox"/> TO STAY HYDRATED WITH ICE CHIPS & CLEAR LIQUIDS |
| <input type="checkbox"/> AS FEW VAGINAL EXAMS AS POSSIBLE | <input type="checkbox"/> TO EAT AND DRINK AS APPROVED BY MY DOCTOR/MIDWIFE |
| <input type="checkbox"/> TO WEAR MY OWN CLOTHING | |





BIRTH PLAN

I'D LIKE FETAL MONITORING TO BE:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> CONTINUOUS | <input type="checkbox"/> EXTERNAL |
| <input type="checkbox"/> INTERMITTENT | <input type="checkbox"/> DOPPLER ONLY |
| <input type="checkbox"/> INTERNAL | <input type="checkbox"/> ONLY IF BABY IS IN DISTRESS |

FOR THE FIRST STAGE OF LABOR, I'D LIKE TO BE:

- LAYING DOWN
- STANDING UP
- WALKING
- IN A TUB
- IN A SHOWER

IF POSSIBLE, I DO NOT WANT:

- A CATHETER
- AN ENEMA
- MY PUBIC AREA SHAVED
- AN IV
 - HYDRATION IS OKAY
 - SALINE LOCK IS OKAY

FOR LABOR INTERVENTION:

- | | |
|--|--|
| <input type="checkbox"/> PREFER TO TRY NATURAL METHODS FIRST | <input type="checkbox"/> PERFORM PITOCIN |
| <input type="checkbox"/> ONLY PERFORM IF BABY IS IN DISTRESS | <input type="checkbox"/> PERFORM PROSTAGLANDIN GEL |
| <input type="checkbox"/> PERFORM MEMBRANE STRIPPING | <input type="checkbox"/> NEVER TO INCLUDE ARTIFICIAL RUPTURE OF MEMBRANE |
| <input type="checkbox"/> PERFORM RUPTURE OF MEMBRANE | |

FOR PAIN RELIEF, I WILL USE:

- | | | |
|--|---|--|
| <input type="checkbox"/> STANDARD EPIDURAL | <input type="checkbox"/> MASSAGE | <input type="checkbox"/> NOTHING |
| <input type="checkbox"/> WALKING EPIDURAL | <input type="checkbox"/> HYPNOSIS | <input type="checkbox"/> ONLY WHAT I REQUEST |
| <input type="checkbox"/> OTC MEDICATION | <input type="checkbox"/> BREATHING TECHNIQUES | <input type="checkbox"/> WHATEVER IS SUGGESTED |
| <input type="checkbox"/> MEDITATION | <input type="checkbox"/> DISTRACTION | <input type="checkbox"/> NOT SURE |
| <input type="checkbox"/> ACCUPRESSURE | <input type="checkbox"/> DEMEROL | |
| <input type="checkbox"/> ACCUPUNCTURE | <input type="checkbox"/> REFLEXOLOGY | |
| <input type="checkbox"/> COLD THERAPY | <input type="checkbox"/> TENS | |



BIRTH PLAN

DURING DELIVERY, I WOULD LIKE TO:

- | | |
|---|--|
| <input type="checkbox"/> SQUAT | <input type="checkbox"/> BE IN THE SHOWER |
| <input type="checkbox"/> STAND | <input type="checkbox"/> BE IN A BIRTHING TUB |
| <input type="checkbox"/> RECLINE | <input type="checkbox"/> USE A BIRTHING STOOL |
| <input type="checkbox"/> LIE ON MY SIDE | <input type="checkbox"/> USE A BIRTH BAR FOR SUPPORT |
| <input type="checkbox"/> BE ON MY HANDS AND KNEES | <input type="checkbox"/> USE FOOT PEDALS FOR SUPPORT |
| <input type="checkbox"/> LEAN ON MY PARTNER | <input type="checkbox"/> USE PEOPLE FOR LEG SUPPORT |

I WILL BRING MY OWN:

- | | |
|---|--|
| <input type="checkbox"/> BIRTHING STOOL | <input type="checkbox"/> SQUATTING BAR |
| <input type="checkbox"/> BIRTHING CHAIR | <input type="checkbox"/> BIRTHING TUB |

AS THE BABY IS DELIVERED, I WOULD LIKE TO:

- | | |
|--|--|
| <input type="checkbox"/> PUSH SPONTANEOUSLY | <input type="checkbox"/> AVOID FORCEPS IF POSSIBLE |
| <input type="checkbox"/> PUSH AS DIRECTED | <input type="checkbox"/> AVOID VACUUM EXTRACTION IF POSSIBLE |
| <input type="checkbox"/> PUSH WITHOUT TIME LIMITS | <input type="checkbox"/> USE WHATEVER METHOD MY DOCTOR NEEDS |
| <input type="checkbox"/> USE A MIRROR TO WATCH | <input type="checkbox"/> HELP CATCH THE BABY |
| <input type="checkbox"/> USE MY HANDS TO FEEL BABY | <input type="checkbox"/> LET MY PARTNER CATCH THE BABY |
| <input type="checkbox"/> LET EPIDURAL WEAR OFF AS I PUSH | <input type="checkbox"/> LET MY PARTNER SUCTION THE BABY |
| <input type="checkbox"/> HAVE A FULL DOSE OF EPIDURAL | |

I WOULD LIKE AN EPISIOTOMY:

- | | |
|--|--|
| <input type="checkbox"/> USED ONLY AFTER PERINEAL MASSAGE, WARM COMPRESSES AND POSITIONING | <input type="checkbox"/> ONLY IF MY DOCTOR DEEMS IT NECESSARY |
| <input type="checkbox"/> NOT PERFORMED, EVEN IF IT MEANS I TEAR | <input type="checkbox"/> WITH LOCAL ANESTHESIA |
| <input type="checkbox"/> RATHER THAN RISK A TEAR | <input type="checkbox"/> WITH PRESSURE AND NO ANESTHESIA |
| <input type="checkbox"/> ONLY AS A LAST RESORT | <input type="checkbox"/> FOLLOWED BY LOCAL ANESTHESIA FOR THE REPAIR |



BIRTH PLAN

AFTER DELIVERY, I WOULD LIKE:

- | | |
|---|--|
| <input type="checkbox"/> MY PARTNER TO CUT THE UMBILICAL CORD | <input type="checkbox"/> TO DELIVER THE PLACENTA ON MY OWN TIME AND WITHOUT ASSISTANCE |
| <input type="checkbox"/> THE CORD TO BE CUT ONLY AFTER IT STOPS PULSATING | <input type="checkbox"/> TO SEE THE PLACENTA BEFORE IT IS DISCARDED |
| <input type="checkbox"/> TO BANK THE CORD BLOOD | <input type="checkbox"/> TO KEEP THE PLACENTA |
| <input type="checkbox"/> TO DONATE THE CORD BLOOD | <input type="checkbox"/> NOT TO BE GIVEN PITOCIN/OXYTOCIN |

IF A C-SECTION BECOMES NECESSARY, I WOULD LIKE:

- | | |
|--|--|
| <input type="checkbox"/> TO EXHAUST ALL OTHER OPTIONS FIRST | <input type="checkbox"/> MY HANDS FREE SO I CAN TOUCH THE BABY |
| <input type="checkbox"/> A SECOND OPINION | <input type="checkbox"/> THE SURGERY EXPLAINED AS IT HAPPENS |
| <input type="checkbox"/> TO STAY CONSCIOUS | <input type="checkbox"/> AN EPIDURAL FOR ANESTHESIA |
| <input type="checkbox"/> GENERAL ANESTHETIC | <input type="checkbox"/> MY PARTNER TO HOLD THE BABY AS SOON AS POSSIBLE |
| <input type="checkbox"/> MY SUPPORT PERSON TO STAY WITH ME THE ENTIRE TIME | <input type="checkbox"/> TO BREASTFEED AS SOON AS POSSIBLE |
| <input type="checkbox"/> THE SCREEN LOWERED SO I CAN SEE WHAT IS HAPPENING | |

I WOULD LIKE TO HOLD THE BABY:

- IMMEDIATELY AFTER DELIVERY
- AFTER WEIGHING
- AFTER SUCTIONING
- AFTER BEING CLEANED AND SWADDLED
- BEFORE EYE DROPS/OINTMENT GIVEN

I WOULD LIKE TO BREASTFEED:

- AS SOON AS POSSIBLE AFTER DELIVERY
- BEFORE EYE DROPS/OINTMENT GIVEN
- LATER
- NEVER

I WOULD LIKE THE FOLLOWING PEOPLE:

NAMES: _____

- | | |
|--|---|
| <input type="checkbox"/> TO JOIN ME IMMEDIATELY AFTER DELIVERY | <input type="checkbox"/> TO SEE BABY IN NURSERY ONLY |
| <input type="checkbox"/> TO JOIN ME IN MY ROOM LATER | <input type="checkbox"/> TO HAVE UNLIMITED VISITING AFTER BIRTH |



BIRTH PLAN

PLEASE DO NOT GIVE MY BABY:

- VITAMIN K
- ANTIBIOTIC EYE TREATMENT
- SUGAR WATER
- FORMULA
- PACIFIER

I WOULD LIKE TO FEED BABY:

- ONLY WITH BREAST MILK
- ONLY WITH FORMULA
- ON DEMAND
- ON SCHEDULE
- WITH THE HELP OF A LACTATION CONSULTANT

I WOULD LIKE ALL BABY'S MEDICAL EXAMS AND PROCEDURES:

- GIVEN IN MY PRESENCE
- GIVEN ONLY AFTER WE HAVE BONDED
- GIVEN IN MY PARTNER'S PRESENCE
- TO INCLUDE A HEEL STICK FOR SCREENING TESTS BEYOND THE PKU
- TO INCLUDE A HEARING SCREEN
- TO INCLUDE A HEPATITIS B VACCINE

I'D LIKE MY BABY'S FIRST BATH GIVEN:

- IN MY PRESENCE
- IN MY PARTNER'S PRESENCE
- BY ME
- BY MY PARTNER
- AT HOME

I'D LIKE MY BABY TO STAY IN MY ROOM:

- ALL THE TIME
- DURING THE DAY
- ONLY WHEN I'M AWAKE
- ONLY FOR FEEDING
- ONLY WHEN REQUESTED

IF WE HAVE A BOY, CIRCUMCISION SHOULD:

- NOT BE DONE
- BE DONE
- BE DONE LATER
- BE DONE WITH ANESTHESIA
- BE DONE IN THE PRESENCE OF MYSELF AND/OR MY PARTNER

I'D LIKE MY SUPPORT PERSON TO:

- HAVE UNLIMITED VISITING
- SLEEP IN MY ROOM



BIRTH PLAN

AFTER DELIVERY, PLEASE GIVE ME:

- EXTRA STRENGTH TYLENOL
- STOOL SOFTENER
- PERCOCET
- LAXATIVE

IF BABY IS UNWELL, I'D PREFER:

- TO ACCOMPANY THEM TO NICU
- TO HOLD THEM AS OFTEN AS POSSIBLE
- TO BREASTFEED OR PROVIDE PUMPED BREASTMILK

AFTER BIRTH, I'D LIKE TO STAY IN THE HOSPITAL:

- AS LONG AS POSSIBLE
- AS SHORT AS POSSIBLE
- UNTIL I AM CONFIDENT I'M READY TO LEAVE

**I AM IN LOVE
WITH A HUMAN I
HAVEN'T MET
YET.**