

## My Birth Plan

Birth Plan For: \_\_\_\_\_

Support Persons: \_\_\_\_\_

\_\_\_\_\_  
*(We welcome four people with you during labor and one person during a cesarean (C-section) birth).*

### I am planning:

- Vaginal delivery.
- Cesarean delivery.
- TOLAC (*trial of labor after cesarean*) please discuss with your doctor first.

## Labor and Delivery Setting

### I am interested in:

- Dim lighting, if possible.
- Music.
  - I am planning to bring music with me.
  - Show me what is available on the TV for relaxation or music.

### Positioning (positions to help you manage pain):

- Birth Ball (*I will bring*).
- Walking/Standing.
- Squatting Bar.
- Birthing Stool.

### Monitoring (requires discussion with your doctor):

- Continuous (*uninterrupted time*).
- Intermittent (*this is not an option if we need to give you Pitocin (medicine to start labor)*).

### Hydration (Drinking):

Clear liquids (*water and ice chips*) are allowed for most women.

## Pain Relief:

### Option I

- Please do not offer me pain relief.

### Option II

- Please talk to me about pain management if I seem to be in pain.

### Option III

I plan on using:

- Massage and relaxation methods.
- My own comfort methods such as relaxation, hypnotherapy or distraction.
- Epidural (*pain relief for labor*).

## Delivery of Baby:

*The American Academy of Pediatrics recommends placing your newly born baby directly on your skin at birth. This is called skin-to-skin and it's a great way to bond with your baby. We will support you with skin-to-skin unless you instruct us otherwise or your baby needs additional medical care.*

### Pushing:

Nurses will include you and your support person when it is time to push.

### I would like to:

- Have a mirror so I can watch the birth of my baby.
- Touch my baby's head as it crowns.
- Have my support person cut the cord when asked.
- Breastfeed during skin-to-skin.
- Bank my cord blood privately.
- Bank my cord blood publically - please send me information about this.
- Take my placenta home. *(We will give you a consent form.)*
- Take pictures/video. *(The policy (rules) will be shared with you.)*

## After Delivery Care for Me and My Newborn

### Feeding My Baby

- I plan to breastfeed.
- Do not give my baby a bottle unless medically necessary.
- I would like a visit from a breastfeeding counselor.
- I plan to formula feed *(breast milk substitute)*.

### Bonding

*We have private rooms to support rooming in for you, baby, and your support person. Rooming in with your baby promotes bonding and helps you to learn your baby's feeding cues. This will help you get ready to go home with your newborn.*

- A support person is planning to stay overnight with us to help.
- I will be alone.

### Circumcision

- Yes.
- No.
- Ritual.

### If I'm separated from my baby for medical needs

*We plan to keep you informed about your care or your newborn's care and will encourage you to visit and hold your baby whenever possible.*

- I plan to pump and provide breast milk.

### Special requests

I will discuss the following special requests with my doctor or the parent education team at 302-733-3360 or 302-733-2513.

I will call them and provide my contact information.

*There may be medical reasons that require your plan to be changed during labor and delivery. If changes are needed, we will talk to you and include you in the decisions about your care.*

**Other** (please specify): \_\_\_\_\_

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