Birth Plan/Preference List

Date: ____________________________

Name: ____________________________

Reviewed with: ____________________________

The following concerns are often important to expectant families. We encourage you to think about them carefully and to discuss them with your partner and your health care provider. When complete, share this birth plan with your health care provider.

1. All babies are monitored externally on admission to the UCSF Center for Mothers and Newborns for 20–30 minutes. If this monitoring period does not indicate any problems, you may choose to be monitored intermittently, unless continuous monitoring becomes medically necessary.

   Notes: ____________________________

2. Intravenous (IV) fluids may be necessary if you are dehydrated from vomiting, long labor or to administer medication. You may choose to labor without IV fluids unless it becomes medically required.

   Notes: ____________________________

3. Pain medication and/or anesthesia are available during labor, if you desire. Please read Pain Relief for Labor and Vaginal Birth. Let us know your preference.

   Notes: ____________________________

4. What kind of labor support and comfort measures do you prefer?

   Preference: ____________________________

5. The usual hospital length of stay is 1–2 days after a vaginal birth and 3–4 days after a cesarean birth.

   Notes: ____________________________
6. Who will provide the following?
   • Ride to the hospital: ____________________________________________________________
   • Support during labor: __________________________________________________________
   • Ride home from the hospital: ____________________________________________________

7. We encourage you to consider breastfeeding your baby and to attend the Preparation for Breastfeeding class. If you prefer to bottle feed, we support your preference.
   Your Preference: □ Breastfeeding □ Bottle feeding □ Both

8. If you have a baby boy, you need to decide if he will have a circumcision. Please read the section on Circumcision in the Pregnancy Guide and let us know your choice.
   Your Preference: □ Yes □ No

9. Do you have religious, cultural, or spiritual needs that we should know about?
   Notes: __________________________________________________________________________

10. It is a good idea to start thinking about your options for family planning after delivery. Please review the section on Birth Control Methods in the Pregnancy Guide.
    If you are considering a tubal ligation (permanent birth control), you must sign your consent form before you go into labor.
    Notes: __________________________________________________________________________

11. Any other requests?
    Requests: _________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________

We have every intention of honoring all of your requests. In some situations, it maybe necessary to change your birth plan for your health or your baby’s health.