**Birth Plan:**

[ ] Full name:

[ ] Partner’s name:

[ ] Today’s date:

[ ] Due date: OR Induction date:

[ ] Doctor’s name:

[ ] Hospital name:

*Please note that I:*
[ ] Have group B strep
[ ] Am Rh incompatibility with baby
[ ] Have gestational diabetes

*My delivery is planned as:*
[ ] Vaginal
[ ] C-section
[ ] Water birth
[ ] VBAC

*I’d like…:*
[ ] Partner:
[ ] Parents:
[ ] Other children:
[ ] Doula:
[ ] Other:
*…present before AND/OR during labor*

*During labor, I’d like:*
[ ] Music played (I will provide)
[ ] The lights dimmed
[ ] The room as quiet as possible
[ ] As few interruptions as possible
[ ] As few vaginal exams as possible
[ ] Hospital staff limited to my own doctor and nurses (no students, residents or interns present)
[ ] To wear my own clothes
[ ] To wear my contact lens the entire time
[ ] My partner to film AND/OR take pictures
[ ] My partner to be present the entire time
[ ] To stay hydrated with clear liquids and ice chips
[ ] To eat and drink as approved by my doctor

*I’d like to spend the first stage of labor:*
[ ] Standing up
[ ] Lying down
[ ] Walking around
[ ] In the shower
[ ] In the bathtub

*I'm not interested in:*
[ ] An enema
[ ] Shaving of my pubic area
[ ] A urinary catheter
[ ] An IV, unless I’m dehydrated (and a heparin or saline lock IS/IS NOT ok)

*I’d like fetal monitoring to be:*
[ ] Continuous
[ ] Intermittent
[ ] Internal
[ ] External
[ ] Performed only by Doppler
[ ] Performed only if the baby is in distress

*I’d like labor augmentation:*
[ ] Performed only if baby is in distress
[ ] First attempted by natural methods such as nipple stimulation
[ ] Performed by membrane stripping
[ ] Performed with prostaglandin gel
[ ] Performed with Pitocin
[ ] Performed by rupture of the membrane
[ ] Performed by stripping of the membrane
[ ] Never to include an artificial rupture of the membrane

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*For pain relief, I’d like to use:*
[ ] Acupressure
[ ] Acupuncture
[ ] Breathing techniques
[ ] Cold therapy
[ ] Demerol
[ ] Distraction
[ ] Hot therapy
[ ] Hypnosis
[ ] Massage
[ ] Meditation
[ ] Reflexology
[ ] Standard epidural
[ ] TENS
[ ] Walking epidural
[ ] Nothing
[ ] Only what I request at the time
[ ] Whatever is suggested at the time

*During delivery, I would like to:*
[ ] Squat
[ ] Semi-reline
[ ] Lie on my side
[ ] Be on my hands and knees
[ ] Stand
[ ] Lean on my partner
[ ] Use people for leg support
[ ] Use foot pedals for support
[ ] Use a birth bar for support
[ ] Use a birthing stool
[ ] Be in a birthing tub
[ ] Be in the shower

*I will bring a:*
[ ] Birthing stool
[ ] Birthing chair
[ ] Squatting bar
[ ] Birthing tub

*As the baby is delivered, I would like to:*
[ ] Push spontaneously
[ ] Push as directed
[ ] Push without time limits, as long as the baby and I are not at risk
[ ] Use a mirror to see the baby crown
[ ] Touch the head as it crowns
[ ] Let the epidural wear off while pushing
[ ] Have a full dose of epidural
[ ] Avoid forceps usage
[ ] Avoid vacuum extraction
[ ] Use whatever methods my doctor deems necessary
[ ] Help catch the baby
[ ] Let my partner catch the baby
[ ] Let my partner suction the baby

*I would like an episiotomy:*
[ ] Used only after perineal massage, warm compresses and positioning
[ ] Rather than risk a tear
[ ] Not performed, even if it means risking a tear
[ ] Performed only as a last resort
[ ] Performed as my doctor deems necessary
[ ] Performed with local anesthesia
[ ] Performed by pressure, without local anesthesia
[ ] Followed by local anesthesia for the repair

*Immediately after delivery, I would like:*
[ ] My partner to cut the umbilical cord
[ ] The umbilical cord to be cut only after it stops pulsating
[ ] To bank the cord blood
[ ] To donate the cord blood
[ ] To deliver the placenta spontaneously and without assistance
[ ] To see the placenta before it is discarded
[ ] Not to be given Pitocin/oxytocin

*If a C-section is necessary, I would like:*
[ ] A second opinion
[ ] To make sure all other options have been exhausted
[ ]To stay conscious
[ ] My partner to remain with my the entire time
[ ] The screen lowered so I can watch baby come out
[ ] My hands left free so I can touch the baby
[ ] The surgery explained as it happens
[ ] An epidural for anesthesia
[ ] My partner to hold the baby as soon as possible
[ ] To breastfeed in the recovery room

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*I would like to hold baby:*
[ ] Immediately after delivery
[ ] After suctioning
[ ] After weighing
[ ] After being wiped clean and swaddled
[ ] Before eye drops/ointment are given

*I would like to breastfeed:*
[ ] As soon as possible after delivery
[ ] Before eye drops/ointment are given
[ ] Later
[ ] Never

*I’d like my family members (NAMES):*
[ ] To join me and baby immediately after delivery
[ ] To join me and baby in the room later
[ ] Only to see baby in the nursery
[ ] To have unlimited visiting after birth

*I’d like baby’s medical exam and procedures:*
[ ] Given in my presence
[ ] Given only after we’ve bonded
[ ] Given in my partner’s presence
[ ] To include a heel stick for screening tests beyond the PKU
[ ] To include a hearing screening test
[ ] To include a hepatitis B vaccine

*Please don’t give baby:*
[ ] Vitamin K
[] Antibiotic eye treatment
[ ] Sugar water
[ ] Formula
[ ] A pacifier

*I’d like baby’s first bath given:*
[ ] In my presence
[ ] In my partner’s presence
[ ] By me
[ ] By my partner

*I’d like to feed baby:*
[ ] Only with breastmilk
[ ] Only with formula
[ ] On demand
[ ] On schedule
[ ] With the help of a lactation specialist

*I’d like baby to stay in my room:*
[ ] All the time
[ ] During the day
[ ] Only when I’m awake
[ ] Only for feeding
[ ] Only when I request

*I’d like my partner:*
[ ] To have unlimited visiting
[ ] To sleep in my room

*If we have a boy, circumcision should:*
[ ] Be performed
[ ] Not be performed
[ ] Be performed later
[ ] Be performed with anesthesia
[ ] Be performed in the presence of me AND/OR my partner

*As needed post-delivery, please give me:*
[ ] Extra-strength acetaminophen
[ ] Percoset
[ ] Stool softener
[ ] Laxative

*After birth, I’d like to stay in the hospital:*
[ ] As long as possible
[ ] As briefly as possible

*If baby is not well, I’d like:*
[ ] My partner and I to accompany it to the NICU or another facility
[ ] To breastfeed or provide pumped breastmilk
[ ] To hold him or her whenever possible