**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

ADVERTISEMENT

*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

ADVERTISEMENT

*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