**Natural Birth Plan Template**

**(*Insert Your Name*) Birth Plan**

**Date Created:**Enter Date

**Birth Attendant(s):**Add Dr and/or Midwife name(s)

**Birth Facility:**Hospital or Birthing Center Name

*Here is where you summarize the type of birth you desire. Feel free to make any modifications you desire to this birth plan template*

It is our desire to have a natural, medication and intervention-free childbirth. We have educated ourselves and are prepared for the work involved. We understand that complications do arise and in such instances ask that [physician/midwife] discuss with us any procedures or medications *before* administering them, whenever possible. We greatly appreciate your cooperation in realizing our plan.

**ENVIRONMENT**

*Feel free to make any modifications you desire to this birth plan template*

* I would like the following people to be present at the birth:
	+ Husband: Enter Name
	+ Labor Support: Enter Name
* I would like to bring music
* I would like the lights dimmed
* I would like to wear my own clothes during labor and delivery
* We would like to film and/or photograph in the delivery room
* If available, I am interested in using the following amenities: Stereo, Birth Ball, Birth Stool, hot water for shower, Birthing Tub (inflatable)
* I would like to bring the following birthing equipment with me:
	+ Birthing stool
	+ Birth ball

**PRIOR TO LABOR**

*Remember to make any modifications you desire to this birth plan template*

* If I go past my estimated due date, I would prefer not to induce labor as long as the baby and I are fine
* If water breaks at onset of labor, I would like to wait 24-48 hours or more before inducing, me and my baby's condition permitting
* I would like the option to return home if I'm less than four centimeters dilated

**FIRST-STAGE LABOR**

*Feel free to make any modifications you desire to this birth plan template*

* If I go past my estimated due date, I would prefer not to induce labor as long as the baby and I are fine.
* If water breaks at onset of labor, I would like to wait 24-48 hours or more before inducing, me and my baby's condition permitting.
* I would like the option to return home if I'm less than four centimeters dilated.
* I do not want pain medication offered to me. I'll request it if needed.
* I would like to be free to walk and move around as I choose during labor.
* I would prefer not to be separated from my partner at any point during labor or birth.
* I prefer not to have continuous monitoring other than the minimum necessary upon arrival.
* I would like the baby to be monitored intermittently using a Doppler.
* If I am required to have an IV, I would like to use a heparin or saline lock.
* I would prefer not to undergo internal exams unless they are medically necessary.
* I do not want my membranes stripped or water broken at any time.
* I would like to eat and drink during labor.
* I would like to stay hydrated by drinking clear fluids and using ice chips.
* I would like to handle pain in the following ways:
	+ Acupressure (my labor support person is certified in acupressure)
	+ Acupuncture
	+ Massage
	+ Hypnosis
	+ Relaxation
	+ Bath/shower (I would like my husband to have the option to join me)
	+ Position Changes
	+ Walking
* As long as the baby and I are fine, I would like to be free of time limits and not have my labor augmented.

**SECOND-STAGE LABOR**

*This section is where you express your wishes for the*[***pushing stage***](http://www.natural-parenting-advice.com/pushing-stage.html)*. Feel free to make any modifications you desire to this birth plan template*

* I do not want residents or students to be present during my birth.
* I would like to push instinctively and not be told how or when to push.
* As long as the baby and I are fine, I would like to be free of time limits on pushing.
* As long as the baby and I are fine, I would like to be free to push in the positions of my choosing.
* I would rather risk a tear than have an episiotomy.
* I would like to view the birth using a mirror.
* I would like to touch my baby's head as it crowns and to be told when crowning is occurring so that I can slow down my pushing and deliver the head slowly provided all is well with the baby.
* I would like my husband to catch my baby and place her on my chest immediately after birth.
* I would like to be able to pull my baby out and hold her on my chest immediately after the birth.

**CESAREAN SECTIONS**

*This section allows you to express your wishes if you end up having an emergency cesarean section. If you already have had a cesarean, you may want to state that you intend to do everything possible to prevent a repeat cesarean. Remember to make any modifications you desire to this birth plan template*

* I would like my partner to be present at all times during the operation.
* I would like to be conscious.
* I would like the screen lowered so I can see my baby coming out.
* I would like to have one hand free to touch my baby.
* We would like to videotape and/or photograph the operation and baby coming out.
* I would like to have immediate contact with my baby (if my baby is in good health).
* If I can't be with my baby for newborn procedures, my husband will stay with the baby at all times.

**THIRD-STAGE LABOR**

*This section is for you to express your wishes immediately following the birth and for the*[***delivery of the placenta***](http://www.natural-parenting-advice.com/delivery-of-the-placenta.html)*. Feel free to make any modifications you desire to this birth plan template*

* I would like to hold my baby on my chest, skin to skin, immediately after birth.
* I would like to wait until the umbilical cord stops pulsating before it's clamped and cut.
* My husband would like to cut the umbilical cord.
* I would like to deliver the placenta unassisted.
* I prefer not to have routine Pitocin after the birth.
* I would like to breastfeed my baby immediately following the birth.
* I would prefer that no artificial nipples (bottles, pacifiers) be offered to my baby at any point.
* I would like to feed my baby on demand.
* I would like 24-hour rooming-in with my baby.
* I would like to stay in a private room.
* I would like my partner to spend the night with me.
* I would like my hospital stay to be as short as possible.

**NEWBORN PROCEDURES**

*This section is for you to express your wishes with regard to*[***newborn tests and procedures***](http://www.natural-parenting-advice.com/newborn-tests-and-procedures.html)*. This is the first time you will be making decisions on behalf of your baby. Feel free to make any modifications you desire to this birth plan template*

* I would like to postpone newborn procedures until I have had a chance to bond with my baby. (45 minutes of skin to skin contact on my chest and breast feeding)
* I would like all newborn procedures to take place in our presence.
* Either my husband or I will stay with our baby at all times.
* I do not want antibiotics to be put into my baby’s eyes and am prepared to sign a waiver if necessary. (I do not have venereal disease, so there is no need.)
* I prefer that my baby does not receive a bath.
* I would like Oral Vitamin K given to my baby not injection if Oral Vit K is not available then we prefer no Vitamin K and we are willing to sign a waiver if necessary.
* I do not want any vaccinations administered to my baby.
* NO BOTTLES, NO PACIFIERS!!