[Women's  Healthcare Topics is a website about pregnancy and your newborn baby.](http://www.womenshealthcaretopics.com/pregnancy/index.html)

**BIRTH PLAN TEMPLATE**

**GENERAL INFORMATION:**   
Birth Plan for: \_\_\_\_\_\_\_\_\_\_\_   
Mother's first and last name:\_\_\_\_\_\_\_\_\_\_\_  
Father's first and last name:\_\_\_\_\_\_\_\_\_\_\_   
Due Date:\_\_\_\_\_\_\_\_\_\_\_   
Coach's first and last name:\_\_\_\_\_\_\_\_\_\_\_   
Other support people:\_\_\_\_\_\_\_\_\_\_\_   
Name of obstetrician:\_\_\_\_\_\_\_\_\_\_\_   
Desired hospital:\_\_\_\_\_\_\_\_\_\_\_   
  
**EARLY/FIRST STAGE LABOR**   
Environment   
 Low lighting  
 Quiet room  
 Music  
 Wear own clothing  
 Coach/partner only desired attendees other than medical staff   
 I would prefer to wear my contact lenses/glasses  
 I want my labor and delivery photographed/video recorded  
 I do not want my labor and delivery photographed/video recorded  
 Other\_\_\_\_\_\_\_\_\_\_\_   
  
Mobility   
choose one:   
 Unlimited freedom to move (walking, bathroom, rocking chair, fitness ball, etc.)  
 Mobility is not important to me   
  
Shaving/Enema   
{most hospitals no longer shave the pubic area or use enemas, but just in case...}   
 I would like to avoid the use of an enema.  
 I would like to avoid having my pubic area shaved.   
  
I.V.   
 I.V. insertion is acceptable at any point  
 I.V. placement should be attempted only if dehydration occurs  
 Please attempt to insert I.V. on left/right (circle)   
  
Hydration   
 No restrictions  
 Clear fluids  
 Ice chips  
 IV   
  
Monitoring   
choose one:   
 Intermittent monitoring (Fetoscope, Doppler, etc.)  
 Continuous monitoring (External leads, internal monitoring)  
 No monitoring except in emergency situations   
  
Catheritization   
 I would like to avoid catheterization unless it is absolutely necessary  
  
Pain Relief Offer   
choose one:   
 Do not offer; I will ask if I desire it  
 Offer if I appear uncomfortable  
 Offer as soon as possible   
  
Pain Relief Options   
Natural   
 Relaxation techniques  
 Hot or cold compresses  
 Positioning  
 Water therapy (bath, whirlpool, shower)  
 Massage  
 Accupressure  
 Hypnotherapy   
  
I.V. Medication   
 Stadol  
 Nubain  
 Demerol  
 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Epidural   
 Walking epidural  
 Traditional epidural   
  
Labor Induction/Augmentation   
 No induction  
 No augmentation  
 Cervical gel   
 Pitocin  
 Rupturing of the amniotic sac  
 I prefer my amniotic sac be allowed to rupture on its own   
  
**SECOND STAGE LABOR**   
Pushing   
{check all pushing options which are acceptable}   
 Push in position of my choosing  
 Squat/Birthing Bar  
 Pushing while on hands and knees  
 I am not concerned with positioning  
 Foot pedals rather than stirrups  
 People as leg support rather than stirrups  
 Spontaneous pushing (when I feel the need)  
 Pushing with medical direction   
  
Delivery   
 I would like to touch baby's head when it crowns  
 I would like a mirror available to view pushing/crowning/birth   
  
**IMMEDIATELY FOLLOWING DELIVERY**   
 I want baby placed on my chest immediately after birth  
 I would like my partner/coach to cut the cord  
 I would like to cut the cord  
 Partner/coach does not want to cut cord  
 Please delay cord clamping and cutting until pulsating ceases  
 I would like to hold the baby while delivery placenta  
 I do not wish a pitocin injection to assist with placenta delivery  
 I wish baby to be examined in my presence.  
 If baby cannot be examined in my presence, I wish my partner/coach to remain with baby at all times  
 I do not wish baby to be placed under heat lamps; I will hold baby and provide body warmth instead  
 I want to donate cord blood  
 I want to bank cord blood   
  
**EPISIOTOMY**   
 I do not want an episiotomy unless there is an emergency situation  
 I would like to attempt perineal massage to stretch the perineum.  
 I would like an episiotomy to reduce risk of tearing  
 I would like a local anesthetic during repair of tear/episiotomy  
 I would not like a local anesthetic during repair of tear/episiotomy   
  
**BABY CARE**   
 I wish to breastfeed exclusively  
 I wish to breastfeed, but formula supplementation is acceptable   
 I wish to formula feed  
 I do not want baby to be given a pacifier  
 I would like to meet with a lactation consultant as soon as possible  
 I want baby circumcised  
 I do not want baby circumcised   
  
**PRIVACY**   
 I would like a private room, I understand that there will be an additional charge  
 I would like baby to "room in"  
 I would like baby to sleep in nursery  
 I would like baby to be brought to me for all feedings  
 I welcome all well wishers  
 I wish to limit visitors   
 I would prefer my door closed with a sign requesting that visitors and staff members knock before entering  
 I do not wish to have medical students involved in my care  
 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**CESAREAN**   
In the event that a cesarean section is deemed necessary, I would like the following:  
 Partner/coach present  
 Other support present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Pictures/video   
 Screen lowered at delivery  
 I would like the procedure described as it is happening  
 Partner would like to cut cord  
 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**In the Event that Baby Requires Special Care Due to Trauma or Illness:**   
 I would like to breastfeed/pump breast milk   
 Partner/coach will accompany baby if transferred to another hospital  
 I would like to be transferred to baby's hospital   
  
Mother's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date \_\_\_\_\_\_\_\_\_\_\_\_   
  
Father's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date \_\_\_\_\_\_\_\_\_\_\_\_   
  
With a well-considered, well-organized plan in place you'll relieve stress by knowing what to expect and by ensuring that your wishes and preferences are known to all - including your doctor.