BIRTH PLAN

GENERAL INFORMATION:
Birth Plan for: __________
Mother's first and last name: __________
Father's first and last name: __________
Due Date: __________
Other support people: __________
Name of obstetrician/midwife: __________
Desired hospital or home birth: __________

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

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
Pain Relief Offer
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

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

- Push in position of my choosing
- Squat/Birthing Bar
  - Pushing while on hands and knees
- birthing stool
- water
- I am not concerned with positioning
- 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 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

PLACENTA
Want to keep it
Hospital dispose of it

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

Antibiotic eye ointment yes or no?
Vitamin K injection yes or no?
Baby be bathed or not bathed?
I want baby circumcised
I do not want baby circumcised
PRIVACY
I would like baby to "room in"
I welcome all well wishers
I wish to limit visitors
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

Other

Do you have any cultural or traditional birth/labour customs you would like to incorporate.

Anything else?

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/midwife.