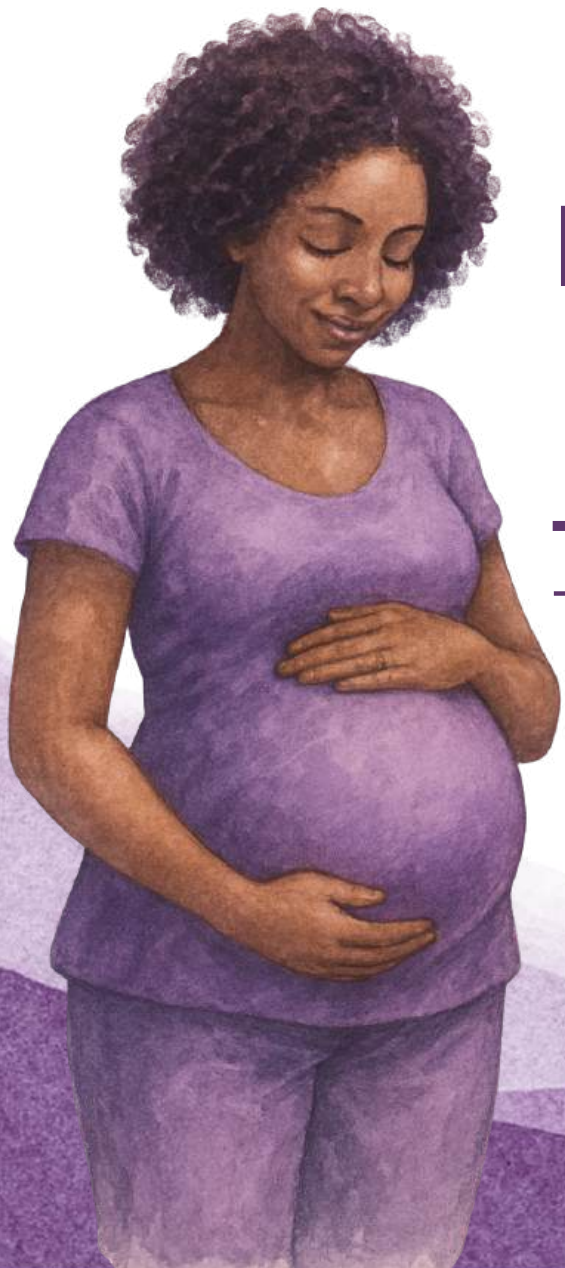




MARY'S HANDS
NETWORK



BUILDING YOUR BIRTH VISION

TEMPLATE GUIDE

THE POWER OF YOUR BIRTH VISION

Your Birth Vision, also known as a birth plan, is a crucial communication tool between you, your partner, and your healthcare providers. It is not a rigid contract or a list of demands, but rather a guide to help you think through your options and express your preferences for labor, delivery, and postpartum care. Many doulas prefer the term "birth vision" to encourage acceptance of birth's unpredictability.

By preparing a birth vision, you can:

- Think through your options and open doors for communication with your support team.
- Communicate your wishes for pain management, comfort measures, and how you envision working with your team.
- Identify your preferences for medical interventions and newborn care.

Keep your plan concise, as very long plans may be overlooked. Ideally, your desires should match your chosen place of birth and care provider. Be aware that birth plans are not universally accepted, and your doula can inform you of local facility views.

Please ask your care provider to review your birth plan so they are actively involved in the decision-making process and fully informed about your preferences. This helps get them on board, ensures their approval, and provides documentation in your chart to communicate your wishes with the care team when they are not present.

CREATING YOUR BIRTH VISION



Name:

Baby's Name:

Phone Number:

Due Date:

Support/Partner:

Pediatrician:

Phone Number:

OBGYN/Midwife:

Delivery Location:

My Labor & Birth Goals: _____



Health History:

- ☐ Group B Strep
- ☐ Genital Herpes
- ☐ Sexually Transmitted Infections
- ☐ Hepatitis / HIV / AIDS
- ☐ Previous Traumatic Birth
- ☐ Fetal Diagnosis: _____
- ☐ OTHER: _____
- _____
- ☐ High Risk Pregnancy
- ☐ Diabetes (Gestational/Type 1 or 2)
- ☐ High blood pressure (Preeclampsia)
- ☐ Mental health conditions
- ☐ Rh incompatibility with baby
(Mom has negative and baby has positive blood type)
- ☐ Anemia

Delivery Plan:

- ☐ Vaginal
- ☐ Water birth
- ☐ C-Section (Planned)
- ☐ VBAC (Vaginal Birth After Cesarean)
- ☐ Unsure

Members of my Birth Team:

- ☐ Partner
- ☐ Parents
- ☐ Other children
- ☐ Doula
- ☐ Other: _____

Hospital Preferences:

- ☐ Wear my own clothes
- ☐ As few interruptions as possible
- ☐ Minimal vaginal/cervical exams
- ☐ Hydrate with clear liquids
- ☐ Eat or drink as permitted
- ☐ NO IV line (unless medically urgent)
- ☐ An IV line for fluids/medications
- ☐ A saline lock (IV port, no tubing)

Medical Interventions:

- ☐ Continuous fetal monitoring
- ☐ Intermittent fetal monitoring
- ☐ Doppler monitoring only
- ☐ Only if baby is in distress
- ☐ Shaving my pubic area
- ☐ Urinary catheter
- ☐ Enema
- ☐ No preferences



Induction/Augmentation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Only if baby is in distress | <input type="checkbox"/> Position changes | <input type="checkbox"/> Mile's circuit |
| <input type="checkbox"/> Nipple stimulation | <input type="checkbox"/> Rupture of membranes | <input type="checkbox"/> Cytotec |
| <input type="checkbox"/> Membrane sweep | <input type="checkbox"/> IV Pitocin | <input type="checkbox"/> Cervical ripening balloon |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Prostaglandin gel | |
| _____ | | |

Labor Room/Comfort Measures:

- | | | |
|---|---|---|
| <input type="checkbox"/> Dim lighting | <input type="checkbox"/> Yoga ball | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Aeromatherapy | <input type="checkbox"/> Peanut ball | <input type="checkbox"/> Visualization |
| <input type="checkbox"/> Music | <input type="checkbox"/> CUB | <input type="checkbox"/> Vocalization |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Shower | <input type="checkbox"/> Position changes |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Tub | <input type="checkbox"/> Walking/Dancing |
| <input type="checkbox"/> TENS Unit | <input type="checkbox"/> Hot/Cold therapy | <input type="checkbox"/> Breathing techniques |
| <input type="checkbox"/> Epidural | <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Oral pain medication |
| <input type="checkbox"/> IV Pain medication | <input type="checkbox"/> Saddle block | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> OTHER: _____ | | |
| _____ | | |
| _____ | | |



During Delivery:

- | | | |
|---|--|--|
| <input type="checkbox"/> Push spontaneously | <input type="checkbox"/> Avoid episiotomy | <input type="checkbox"/> Perineal massage/support |
| <input type="checkbox"/> Push as directed | <input type="checkbox"/> Avoid forceps use | <input type="checkbox"/> I want to help catch baby |
| <input type="checkbox"/> Use a mirror to see crowning | <input type="checkbox"/> Avoid vacuum extractor | <input type="checkbox"/> Let partner catch baby |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Touch baby's head when crowning | |
- _____

In case of C-Section

- ☐ A second opinion
- ☐ All other options are exhausted
- ☐ Prefer to stay conscious
- ☐ Partner/Support person to remain
- ☐ Screen lowered to watch baby born
- ☐ Surgery explained as it happens
- ☐ Vaginal seeding
- ☐ Partner/Support person to hold baby

Immediate Post-Delivery:

- ☐ Delayed cord clamping (1-3 minutes)
- ☐ Delayed cord clamping (Not pulsing)
- ☐ Cord blood to blood bank
- ☐ Donating cord blood/placenta
- ☐ Deliver placenta without assistance
- ☐ See the placenta before discarded
- ☐ Saving the placenta
- ☐ Immediate skin to skin

Newborn Care:

- | | | |
|--|--|--|
| <input type="checkbox"/> Golden Hour (uninterrupted) | <input type="checkbox"/> Heal stick for PKU | <input type="checkbox"/> Immediately bath baby |
| <input type="checkbox"/> Exams in my presence | <input type="checkbox"/> Hearing screen | <input type="checkbox"/> Delay bathing at least 4 hours |
| <input type="checkbox"/> Interventions/Assessments after bonding | <input type="checkbox"/> Hepatitis B Vaccine | <input type="checkbox"/> Delay bathing at least 24 hours |
| <input type="checkbox"/> Heal stick for PKU | <input type="checkbox"/> Vitamin K shot | <input type="checkbox"/> No bath In hospital |
| <input type="checkbox"/> Hearing screen | <input type="checkbox"/> Vitamin K oral | <input type="checkbox"/> Do not offer formula |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Antibiotic eye ointment | <input type="checkbox"/> Do not offer pacifier |
- _____



[illegible]



A Note from Mary's Hands Network

We are so honored to support you on this journey. This birth plan is not a contract; it's a tool. It's designed to help you explore your options, empower yourself with knowledge, and spark meaningful conversations with your provider and birth team.

As you prepare for labor, birth, and the immediate postpartum period, use this guide as a conversation starter. It's here to reflect your values, preferences, and hopes, not to dictate a specific outcome.

If there's anything you need, we're here for you.

- Use our Text-a-Doula Line for real-time support
- Schedule a virtual 1:1 visit with one of our staff doulas
- Reach out directly to your assigned doula team

Your voice matters. Your choices matter. And you don't have to walk this path alone.

With love,
The Mary's Hands Network Team



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