

My Birthing Plan

Due Date : _____

Partner Name: _____

Dr/ OB: _____

Relationship: _____

Place of birth: _____

Present For Birth: YES ___ NO ___

The most important thing to me about my birth is:

During Labor I Would Like:

- Dim Lighting
- Music
- To be free to walk/move around
- To eat/drink as I please
- To try different positions
- To use a birth ball

For Pain Management I Would Like:

- Acupressure
- To use breathing techniques
- Hydrotherapy (bath and shower)
- Massage
- Distraction
- TENS
- Laughing gas
- Open to Epidural
- Open to narcotics

During the Pushing Phase I Would Like:

- To push as my body feels it needs to
- To avoid the use of forceps or vacuum
- To be coached
- To avoid an episiotomy (unless medically necessary as a last resort)
- To avoid a tear using a warm compress and letting baby's head rest against my perineum for a short time
- To give birth in whatever position feels most comfortable to me

After the Birth I Would Like:

- Immediate skin to skin
- _____ to cut the cord
- Delayed cord clamping
- Newborn procedures to be done on me
- Oxcitocin Shot
- Vitamin K (Baby)
- Erythromycin (Baby)
- To attempt to latch as soon as possible.

After the Birth I Would Like:

- To be allowed to sleep uninterrupted
- To Breastfeed
- To Formula Feed
- To Pump/combination feed
- To feed on demand
- To feed on a schedule
- To have Tylenol/Ibuprofen for after pains

Other Notes and Needs:

Thank you for helping me achieve a positive birth experience!

Births and Beyond is here to serve you!