

Birth Plan

For my birthing space I would like

- | | |
|---|--|
| <input type="checkbox"/> Dimmed Lights | <input type="checkbox"/> Essential Oils |
| <input type="checkbox"/> Music | <input type="checkbox"/> Mirror |
| <input type="checkbox"/> Limited staff | <input type="checkbox"/> My own clothes |
| <input type="checkbox"/> Photos / Video | <input type="checkbox"/> Dimmed lighting |
| <input type="checkbox"/> Candles | |

For pain management I would like

- | | |
|---|---|
| <input type="checkbox"/> Shower / Tub | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Birth / Peanut ball | <input type="checkbox"/> Nitrous |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Sterile water injections |
| <input type="checkbox"/> Counter pressure | <input type="checkbox"/> IV medications |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Hypnotherapy |
| <input type="checkbox"/> Rebozo | <input type="checkbox"/> Free movement |

Discussing Pain Meds

- ☐ Please do not offer any meds
(let me ask if needed)
- ☐ Only offer 1 time and note in my file
- ☐ Please do not discuss / ask about pain
- ☐ Ask a limited amount
- ☐ Give me them all
- ☐ I'm not using pain meds

My code word is: _____

For my Labor I would like

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Eating / Drinking | <input type="checkbox"/> EFM |
| <input type="checkbox"/> Free Movement | <input type="checkbox"/> Limited EFM |
| <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> IV |
| <input type="checkbox"/> Saline lock | <input type="checkbox"/> Labor in tub |
| <input type="checkbox"/> Limited vaginal exams | |

For my birth I would like

- ☐ Position Changes
- ☐ Guided pushing
- ☐ Spontaneous pushing
- ☐ Mirror
- ☐ Support person by my ...

Postpartum I would like

- ☐ Talk w/ Lactation consultant
- ☐ Extra-strength acetaminophen
- ☐ Percocet
- ☐ Stool softener
- ☐ Laxative
- ☐ Care for baby so I can rest
- ☐ After meal to be _____

Cord and Placenta

Delayed Cord clamping

- ☐ Timed
- ☐ Non pulsating
- ☐ White
- ☐ Not clamping

I want to Cut the cord _____

- ☐ Traction at Providers Discretion
- ☐ Natural Release of Placenta

Placenta aftercare **Y / N**

Special About me

- | | |
|--|---|
| <input type="checkbox"/> My first birth | <input type="checkbox"/> Interpreter required |
| <input type="checkbox"/> Experienced birther | <input type="checkbox"/> Tailbone injury |
| <input type="checkbox"/> My first VBAC | <input type="checkbox"/> In Recovery |
| <input type="checkbox"/> Cultural Requirements | <input type="checkbox"/> Survivor of Abuse |
| <input type="checkbox"/> Spiritual Requirements | |
| <input type="checkbox"/> First Unmedicated Birth | |
| <input type="checkbox"/> Anxiety disorders | |

Baby Plan

Testing and Procedures

Bath **Y / N**

Vitamin K **Y / N**

Hep B **Y / N**

Erythromycin- eye goop **Y / N**

Delay Testing **1hr / 2hr /** _____

Circumcision

- ☐ At a later time
- ☐ With parents present
- ☐ Not to be preformed
- ☐ With heavy anesthesia

After delivery Presentation

I want to announce sex

I want to Say name First

Skin to skin **Y / N**

Special About me

- ☐ Cultural Requirements
- ☐ Spiritual Requirements
- ☐ My First language is

Notes: _____

Feeding choices

☐ ***Breastfeeding***

☐ ***Bottle***

☐ *Formula*

☐ *Donor Breast Milk*

☐ *My milk*

If not breast

☐ *Spoon*

☐ *Tube*

☐ *Syringe*

☐ *Bottle*

If baby has to go to NICU

☐ My partner OR I to accompany baby to the NICU or other facility

☐ To hold him or her whenever possible

To have _____ make
decisions till I can be present

Birth Plan B

If Induction or intervention is needed I would like

- | | |
|--|--|
| <input type="checkbox"/> Membrane sweep | |
| <input type="checkbox"/> Foley bulb | <input type="checkbox"/> Only if medically necessary |
| <input type="checkbox"/> Episiotomy | |
| <input type="checkbox"/> AROM | <input type="checkbox"/> Only with my CONSENT |
| <input type="checkbox"/> AROM before Pitocin | <input type="checkbox"/> PRIOR |
| <input type="checkbox"/> Pitocin | |
| <input type="checkbox"/> Warm Compress | <input type="checkbox"/> To ease my delivery |

For pain management I would like

- | | |
|---|---|
| <input type="checkbox"/> Massage | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Nitrous |
| | <input type="checkbox"/> Sterile water injections |
| | <input type="checkbox"/> IV medications |
| | <input type="checkbox"/> Hypnotherapy |
| | <input type="checkbox"/> help with movement |

For my birth I would like

- | | |
|---|---|
| <input type="checkbox"/> Position Changes | <input type="checkbox"/> I want to announce sex |
| <input type="checkbox"/> Guided pushing | <input type="checkbox"/> I want ____ Cut the cord |
| <input type="checkbox"/> Spontaneous pushing | <input type="checkbox"/> Skin to skin |
| <input type="checkbox"/> Mirror | <input type="checkbox"/> Delayed cord clamping |
| <input type="checkbox"/> Support person by my ... | <input type="checkbox"/> Placenta aftercare |
| | <input type="checkbox"/> Golden hour |

If Ceasarean I would Like

- ☐ Pictures / video
- ☐ Skin to skin *with my Partner if I'm unable
- ☐ Someone with me at all time 2nd support person
- ☐ Someone with baby at all times
- ☐ Delayed cord clamping
- ☐ Free arm / arms
- ☐ Dimmed lights in recovery
- ☐ Baby in room for remainder of surgery unless medically necessary
- ☐ Have music playing
- ☐ Soft tones only discussing my birth and baby
- ☐ I want myself or partner to announce sex
- ☐ Drape lowered so I can see baby born
- ☐ Breastfeed while finishing surgery
- ☐ No additional staff in room, students, interns, etc...
- ☐ Epidural
- ☐ General Anesthesia

If baby has to go to NICU

- ☐ My partner OR I to accompany baby to the NICU or other facility
- ☐ To breastfeed or provide pumped
- ☐ Donor Breastmilk
- ☐ Formula
- ☐ To hold him or her whenever possible