**My Birth Plan**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Partner/Support Person(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Hospital/Birthing Center Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Doctor/Midwife:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Before Labor Begins:**

* I prefer to:
  + Go into labor naturally.
  + Discuss induction options only if medically necessary.
  + Avoid membrane stripping or artificial rupture of membranes unless necessary.

**Labor Preferences:**

* **Environment:**
  + Dim lighting
  + Aromatherapy (lavender, peppermint, etc.)
  + Music of my choice (playlist provided)
  + Quiet environment with minimal talking
* **Support Team:**
  + Partner present at all times
  + Doula present for physical and emotional support
  + Limit staff entering the room
* **Pain Management Preferences:**
  + **Non-Medical:**
    - Breathing techniques (e.g., Lamaze or hypnobirthing)
    - Use of a birthing ball or peanut ball
    - Hot/cold compresses
    - Massage or counterpressure
  + **Medical Options:**
    - Open to nitrous oxide
    - Epidural upon request
    - Prefer no pain medication unless requested
* **Monitoring:**
  + Intermittent fetal monitoring
  + Wireless monitors to allow mobility
* **Interventions:**
  + Avoid breaking water artificially unless necessary.
  + Open to Pitocin if medically required.
* **Hydration and Nutrition:**
  + Allowed to drink clear fluids during labor.
  + Light snacks if permissible.

**Delivery Preferences:**

* **Positions:**
  + Supported squatting with a bar
  + Hands-and-knees
  + Side-lying for optimal comfort
  + Allow freedom to choose position at the moment
* **Pushing:**
  + Delayed pushing until the urge to push naturally arises.
  + Use of mirror to see progress (if desired).
* **Assistance:**
  + Use of vacuum or forceps only if absolutely necessary.
  + Episiotomy avoided unless an emergency arises.

**Immediately After Birth:**

* **Baby’s First Moments:**
  + Immediate skin-to-skin contact for bonding and warmth.
  + Partner to cut the umbilical cord.
  + Delay cord clamping until it stops pulsating.
* **Newborn Care:**
  + Perform initial assessments on my chest.
  + Delay bath for at least 24 hours.
  + Avoid pacifiers unless necessary for medical reasons.
* **Feeding:**
  + Begin breastfeeding as soon as possible.
  + Lactation consultant assistance requested.

**Postpartum Care:**

* **Mother’s Care:**
  + Support for perineal tears (stitches, pain management, etc.).
  + Assistance with positioning for breastfeeding.
  + Encourage walking and mobility as tolerated.
* **Baby’s Stay:**
  + Rooming-in with baby encouraged.
  + Partner to stay overnight.

**Newborn Procedures:**

* **Standard Treatments:**
  + Administer Vitamin K injection.
  + Apply antibiotic eye ointment.
  + Hepatitis B vaccine (administer per schedule).
* **Optional Procedures:**
  + PKU screening
  + Hearing test
* **Circumcision (if applicable):**
  + Yes, please perform.
  + No, prefer not to circumcise.

**Emergency or Unexpected Situations:**

* **C-Section:**
  + Partner present in the operating room.
  + Skin-to-skin in the OR if possible.
* **NICU Transfer:**
  + Partner to accompany baby.
  + Frequent updates from NICU team.

**Other Preferences:**

* Cultural or Religious Requests:
* Allergies or Medical Concerns:
* Additional Notes:

**Notes:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**