**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:**

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