

# Birth Plan

Name: \_\_\_\_\_

Medical #: \_\_\_\_\_

Doctor/Midwife: \_\_\_\_\_

Check your preferences for childbirth. Once you have completed your birth plan, bring it to your next prenatal appointment to discuss with your medical provider. Your birth plan can be placed in your chart so that medical staff can review it during your labor, birth and postpartum. Note that certain circumstances may arise during labor that may limit the choices available to you.

## Environment

- I would like to limit the number of guests and phone calls while I am in labor.
- I would like the lights dimmed.
- I prefer to labor with minimal interruptions from hospital staff.

## Labor

- I prefer to keep the number of vaginal exams to a minimum.
- I would like to be out of bed as much as possible during labor i.e. walking, showering.
- I prefer to have intermittent fetal monitoring.
- I prefer to have a saline lock instead of a continuous IV.
- I would prefer that the bag of waters rupture naturally.

- I plan on using alternative pain relief options i.e. breathing, visualization, massage.
- I prefer to try alternatives before being given pitocin.

## Delivery

- I would like the option to be in a position other than lying on my back for pushing i.e. squatting, hands and knees.
- I would like a mirror available to view the birth.
- I would like to touch my baby's head as it crowns.
- I would like my baby placed on my chest immediately after birth.
- I would like my partner to cut the cord.

## Postpartum

- I would like to delay newborn procedures i.e. vitamin K shot, bath, height, and weight.
- I want all procedures done to my baby explained to me beforehand.
- I would like to breastfeed my baby as soon as possible.
- I would like to be consulted before my baby is given a pacifier or bottle.

## Other: