BIRTH PLAN

Use this fill-in-the-blank planning tool to clarify your desires for your birth, learn about your options, and communicate your desires to your birth team. Once you've completed filling out the worksheet, consolidate your choices in a one page easy-to-read document like the example at the end.

Name:	Partner's Name:
Estimated Due Date: Birthing Location: Doula:	Provider's Name:
My delivery is planned as:	The people present at my birth will be:
VaginalC-sectionVBACI would like a water birth	My partner:□ Doula:□ Siblings:□ Parents:
Please note that I have:	Other:
 □ Group B strep □ Gestational diabetes □ An anterior placenta □ An Rh incompatibility with the baby □ Anemia in pregnancy □ Other: 	
During labor I would like:	
To move freely To wear my own clothes To eat and drink as desired The lights dimmed Music played (self-provided) Aromatherapy (self-provided) As few vaginal exams as possible As few interruptions as possible Limited staff present	To use the shower To use a birth tub My support person to take pictures No IV, hep-lock/saline lock okay No IV, no hep-lock/saline lock The clock covered To consume popsicles, teas, and broths Informed consent for all procedures Other:

Fetal Monitoring:	Labor Augmentation:
 Intermittent electronic fetal monitoring Mobile electronic fetal monitoring Continuous electronic fetal monitoring Intermittent auscultation Performed only if medically necessary or perceived infant distress 	 Only with my consent Attempted by natural methods such as nipple stimulation or acupressure Membrane stripping Prostglandin gel Pitocin Cytotec / Misoprostol
For Pain Relief:	☐ Artificial rupture of membranes okay
 Hypnobirthing / meditation Cold and heat therapy Counter pressure / massage Shower 	Never artificial rupture of membranes No labor augmentation unless medically necessary with given consent
☐ Birthing tub / bath tub☐ TENS unit	Support Tools I Would Like to Use:
Acupressure / Reflexology Epidural Nitrus oxide IV narcotics Position changes No pharmacological pain relief Safe word for wanting an epidural: Other:	Birth ball Peanut ball Rebozo Birth stool / CUB Birth bar / Squat bar Foot stools Birth tub Shower
During Delivery I Would Like:	After Delivery I Would Like:
To be in any position of my choosing including the possibilities of: squatting, hands and knees, standing, and side lying No laying on my back Spontaneous pushing Directed pushing No directed pushing No forceps No vacuum extraction I want to catch my baby My partner wants to catch the baby Minimal distractions and talking Warm compress on the perineum No episiotomy, natural tearing okay Episiotomy okay if necessary Other:	 The baby to placed on my chest immediately My partner to cut the umbilical cord Delayed cord clamping The umbilical cord cut only after it stops pulsing and tuns white To bank or donate the cord blood No suctioning No pitocin postpartum To deliver the placenta naturally while the cord is intact Uninterrupted skin to skin contact for the golden hour Other:

Newborn Procedures:	If A C-Section is Necessary I would like:
To take place after the golden hour Immediately after delivery Eye ointment YES / NO Vitamin K YES / NO Hepatitis B YES / NO Pacificer YES / NO First bath at hospital YES / NO Sugar water YES / NO Formula supplementation YES / NO Baby rooms in with me at all times Baby can go to nursery when requested Baby led breastfeeding Breastfeeding as soon as possible after delivery Breastfeeding before eye ointment No formula supplementation Medical exams and procures to only be given in my or my partner's presence Feed baby on demand	A second opinion To make sure all other options have been exhasuted To stay conscious My partner to remain with my the entiretime Epidural for anesthesia General anesthesia / I do not want to be conscious The screen lowered so I can watch the baby be born My hands free so I can touch the baby The surgery explained as it happens Vaginal seeding/ swabbing of baby The baby placed on my chest immediately My partner to hold the baby as soon a possible If mother and baby are separated I would like my partner to stay with the baby and my doula to stay with me
Visitors:	Post Delivery I would like:
 No visitors Names of visitors allowed: After delivery okay: After 24 hours okay: Other: 	 Only Tylenol / Paracetamol Pain medication if necessary Stool softeners To stay in the hospital as briefly as possible
Placenta	If Baby is a Boy:
 I would like to be shown my placenta I plan to encapsulate and/or consume my placenta I will be taking my placenta home with 	☐ Circumcision YES / NO☐ Be performed in the presence of me and/or my partner

me

In An Unexpected Emergency:	Transportation in Uncomplicated Labor:
 My partner to accompany the baby to the NICU or another facility To provide kangaroo care whenever possible To breastfeed whenever possible Have the help of a lactation consultant to pump and provide breast milk My partner accompanies the baby and my doula stays with me My partner stays with me and my doula accompanies the baby 	 □ Who is driving: □ Care for siblings: □ Care for pets:
Transportation if Complications Arise:	Additional Info:
 Who can drive: Call an ambulance YES / NO Care for siblings Care for pets Packed go-back YES / NO Who has copies of medical records, birth plan, list of medications/allergies, etc.: I want my midwife to stay with me I want my doula to stay with me 	
Notes:	

EXAMPLE

Name: Jane Doe

Partner's Name: John Doe Estimated Due Date: July 30 Doula: Molly Jackowski

Location: Hospital / Birth Center Name

Provider's Name: Dr. Doe

Maternal Health Factors Include:

Mom is Rh-

My delivery plan is: vaginal, natural, water birth

My birth support team includes: John Doe and Molly Jackowski (doula). No visitors allowed.

During labor I would like to:

Eat and drink as desired
Move freely, labor up right
Labor in water, ie. shower or tub
Dim lighting, play music, aromatherapy
Birth team take photos
Use foot stools, birth balls, peanut balls, rebozo
Keep my birth team with me at all times
Minimal cervical checks
As few interruptions as possible, limited staff
present
NO IV, NO hep-lock

I would like intermittent fetal monitoring

Pain relief: water, position changes, hot and cold packs, massage, counter pressure, hypnobirthing NO medications
DO NOT offer epidural.
Safe word for wanting epidural or medications: pineapple

NO labor augmentation unless medically necessary with given consent

I am taking the placenta home with me. I plan to consume the placenta.

During delivery I would like:

Be in any position I desire

Be in the birth tub

Catch my own baby if I am in the position to do so

Spontaneous pushing

warm compress on perineum Minimal distractions and talking

NO laying on my back, NO directed pushing,

NO episiotomy (natural tearing okay), NO forceps,

NO vacuum extraction

After delivery I would like:

The baby placed on my bare chest immediately
Delayed cord clamping until the cord stops pulsing
and turns white
Partner to cut the cord

Uninterrupted skin to skin contact for 1 hour afterbirth (golden hour)

Breastfeeding as soon as possible NO pitocin postpartum

Gentle delivery of the placenta: no tugging,

Newborn procedures:

All non-emergent procedures to take place after golden hour

Eye ointment, Hep B, and Vitamin K to be given after golden hour while being held Baby rooms with me at all times Medical procedures and exams only to be given in my or my partners presence

NO pacifiers, NO sugar water, NO artificial nipples, NO pacifiers, NO formula, NO bath

If mom and baby are separated, partner will accompany baby and doula will stay with mom. If mom cannot do skin to skin directly, the partner will do skin to skin as long as possibly until mom is ready

In case of emergency c-section: I would like to be conscious, have the baby placed on my chest for skin to skin, to breastfeed as soon as possible, perform vaginal seeding on baby