



Birth plan

Name: _____ Partner's Name: _____

Due Date: _____ Doctor's Name: _____

My delivery is planned as: Vaginal C-section VBAC

Please Note:

I am GBS positive I have gestational diabetes Allergies _____

I have given careful thought to my preferences during and after labor and have outlined them below. I understand that these are guidelines only and that under certain circumstances, they may not be followed. I hope that you will honor these wishes and allow me to experience the birth I hope for.

During labor

During labor I would like:

- Music (I will provide) Relaxing atmosphere As few interruptions as possible
 To limit hospital staff to just my own doctors and nurses (no students or interns please)
 My partner to be present the entire time To walk freely
 Whirlpool, if my physician allows. (Bringing gardening knee pad for partner to kneel on beside tub is helpful.)
 To keep the number of vaginal exams to a minimum. IV lock, only IV fluids if necessary.
 To wear my own clothing. (If wearing a bra, wear one that opens in front to assist with breastfeeding.)
 Other _____

Fetal Monitoring

I would like:

- Continuous Intermittent Internal (requires ruptured membranes) External

Other notes: _____

Labor induction/augmentation

I prefer to attempt all natural methods first, such as walking, nipple stimulation, etc.

If needed, I prefer: Membrane stripping Membrane rupture
 Pitocin Prostaglandin

Other notes: _____

Pain relief

I would like to use:

- | | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Breathing | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Walking | <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Hot/Cold packs |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Meditation | <input type="checkbox"/> Visualization | <input type="checkbox"/> Birthing ball | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Position changes |
| <input type="checkbox"/> Aromatherapy (please, no candles) | <input type="checkbox"/> Epidural | <input type="checkbox"/> Narcotics | <input type="checkbox"/> Nothing | | |
- Please make suggestions for pain relief as needed.

Other notes:

Delivery

During a vaginal delivery I would like to:

- Kneel/use squat bar Be on my hands and knees Lie on my left side Have leg support
- Limit people present for birth *No standing in the hallways by door.*
- Allow up to 10 people at birth (Note: All but support person may be asked to leave in case of emergency or interference with patient care.)

As the baby arrives:

- | | |
|--|--|
| <input type="checkbox"/> Allow baby to labor down | <input type="checkbox"/> Avoid using forceps if possible |
| <input type="checkbox"/> Push as I feel the need | <input type="checkbox"/> Avoid vacuum extraction if possible |
| <input type="checkbox"/> Warm compresses to perineum | <input type="checkbox"/> Avoid episiotomy unless doctor deems necessary |
| <input type="checkbox"/> Use a mirror to see the baby's head | <input type="checkbox"/> Decide on signal word with staff if I have an unwanted visitor. |
| <input type="checkbox"/> Touch the head as it crowns | <input type="checkbox"/> Have my partner cut cord |

During a Cesarean, I would like:

- My partner present To touch baby as soon as possible
- My partner to hold baby as soon as possible
- Breastfeed in Recovery room Family to see, once on postpartum unit

Pictures/videotaping are allowed except at birth, immediately after birth and during stabilization of the baby.

Other notes:

After delivery

- Place infant on chest immediately Ice to perineum
- Hold and breastfeed baby before bath or other medical interventions Bring my family in to see baby
- Foot prints in baby book No bottle No pacifiers Bottle feed

Other notes:

- If a boy, he is to be: Circumcised at the hospital Circumcised after he is feeding well
- Circumcised at doctor's office Do not circumcise

Additional information:
