



# My Birth Plan

A birth plan is a list of preferences or wishes for your childbirth experience. It will not limit your options once you begin to experience labor. You can change your mind at any time. Since every labor and birth is different, we cannot guarantee that all your preferences will be appropriate for your delivery. We encourage you to discuss your birth plan with your doctor or midwife. We will work with you to try and keep your birth experience as close to your wishes as possible; however, the safety of you and your baby is our number one priority.

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

OB Provider: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Baby's Pediatrician: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

Baby's Pediatrician Contact: \_\_\_\_\_

Baby's Due Date: \_\_\_\_\_

Prenatal Classes Attended: \_\_\_\_\_

## For Labor:

- Dimmed lights
- Limited guests: \_\_\_\_\_
- I would like to be out of bed as much as possible.
- I would prefer to have a saline lock instead of IV fluids.
- I would like to use alternative pain relief options such as breathing exercises, massage, shower and position changes.
- I will ask for pain medication if I need it.
- I would like an epidural to help cope with my labor pain.
- I would like to be offered pain medication if you see I am uncomfortable.
- I am unsure what I want for pain relief, I will decide when I am in labor.
- I would like to bank or donate my cord blood.
- I would like to use my portable music and headphones during labor.
- I would like to have photos or video taken prior to birth.

## Labor Tools:

- Birthing balls
- CUB support
- Peanut balls
- Squat bars
- Shower

## During Delivery:

Number of support people (*up to 3 people*) \_\_\_\_\_

- I would like the option to deliver in other positions besides my back if possible.
- I would like to delay cord clamping for 30-60 seconds.
- I would like my partner to cut the umbilical cord.
- I would like a mirror to view my birth.
- I would like to touch my baby's head as it crowns.

## Postpartum/Newborn Care:

Skin-to-skin contact after delivery is the standard of care provided to ensure both mom and baby are stable, and is encouraged throughout your stay.

- If my baby should need to be separated due to medical care/treatment, I would like \_\_\_\_\_ to accompany him/her.
- I would like to be discharged as soon as possible.
- If I have a boy, I would like him circumcised before discharge if my pediatrician allows.
- If I have a boy, I would not like him circumcised.

## Cesarean Section:

- I would like \_\_\_\_\_ to accompany me in the operating room. (*1 person*)

## Other Requests:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_