



Birth Plan

Birth Plan for (Your Name): _____

My baby's father's name is: _____

My other support person will be: _____

You may write your own birth philosophy, whatever you want. Here is an example you can revise as needed or leave out entirely.

This birth plan is intended to express the preferences and desires we have for the birth of our baby. It is not intended to be a script. We fully realize that situations may arise such that our plan cannot and should not be followed.

However, we hope that barring any extenuating circumstances, you will be able to keep us informed. Thank you.

First Stage of Labor

Environment

- _____ I would prefer dim lights and quiet atmosphere
- _____ I would like to play my own music
- _____ I would prefer no students please
- _____ Students are welcome unless otherwise stated

Pain Relief

- _____ I would prefer to use non-medical pain relief methods unless I state otherwise (relaxation, positioning, tub, heat or cold therapy, birthing ball, massage)
- _____ I would like pain meds offered as soon as possible (Stadol, Demerol/Phenergan, epidural)

Second Stage

Pushing

- _____ I would like to try various positions during pushing (to allow the baby to rotate and move down as needed)
- _____ I would like to try the birthing stool with pushing (a stool that sits on the floor and offers a passive squatting position and the use of gravity to aid in the descent of the head)

Perineal Care

- _____ I would prefer no Episiotomy if possible (through the use of massage, positioning and controlled pushing at delivery)
- _____ I have no preference

Cutting the Cord

I wish _____ to cut the cord
_____ does not wish to cut cord

Feeding the Baby

- _____ I plan to breast feed and would prefer no pacifiers or artificial nipples unless medically indicated
- _____ I plan to breast feed with supplement (not recommended for the first 2-3 weeks after delivery)
- _____ I plan to bottle feed only and my formula of preference is _____
- _____ No pacifiers please

Bonding

- _____ I would like my baby placed on my abdomen at birth
- _____ I would prefer my infant dried and wrapped before given to me
- _____ I would prefer my baby to stay with me as much as possible during the first hour after birth unless medically indicated otherwise
- _____ I would like my baby to room-in (stay in the room at all times unless needed for assessments, special care or physical exam)
- _____ I would prefer rooming-in except at night when I would like my baby brought in for feedings only

Circumcision

- _____ I plan to have my baby circumcised
- _____ I do not wish to have my baby circumcised

Complications and Cesarean Surgery

- _____ I would prefer spinal anesthesia for non-emergent cesarean birth (stay away and have support person present for delivery)
- _____ I would prefer general anesthesia (go to sleep and not have support person present)
- _____ I would like to take pictures (with permission of the attending physician)

Sick Infant

- _____ If my baby is unable to leave the nursery I would like to express milk for feedings and breast feed as soon as possible
- _____ If my baby were transferred to another facility I would like to be discharged as soon as medically possible

All of these are areas to consider and discuss with your providers at your regular checkups or with your childbirth educator, then create your birth plan with your own preferences.

MAKE 3 COPIES

One to give to your provider at your office visit for your chart

One to bring with you to the labor room when you come in

One to keep for yourself

Our staff is here to help you have a satisfying and healthy birth experience.