



Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

Full name and pronouns:

Today's date:

Your provider's name and contact info:

Doula's name and contact info:

Partner's or support person's name and pronouns:

Due date (or induction date):

Hospital name or birthing center and contact info:

Pediatrician's name and contact info:

Please note that I:

- | | |
|---|---|
| <input type="checkbox"/> Have group B strep | <input type="checkbox"/> Have gestational diabetes |
| <input type="checkbox"/> Have been previously diagnosed with genital herpes | <input type="checkbox"/> Have a fear of needles |
| <input type="checkbox"/> Have Rh incompatibility with baby | <input type="checkbox"/> Have experienced prior assault or <u>birth trauma</u> |

My delivery is planned as:

- ☐ Vaginal ☐ C-section ☐ Water birth ☐ VBAC

People in the room I'd like before and/or during labor (note each one below):

- ☐ Partner ☐ Parents ☐ Other children ☐ **Doula** ☐ Other:

During labor, I'd like:

- | | |
|---|--|
| <input type="checkbox"/> <u>Music</u> played (I will provide) | <input type="checkbox"/> To wear my contact lenses the entire time |
| <input type="checkbox"/> The lights dimmed | <input type="checkbox"/> My partner or a hired photographer to film and/or take pictures |
| <input type="checkbox"/> The room as quiet as possible | <input type="checkbox"/> My partner or a support person to be present the entire time |
| <input type="checkbox"/> As few interruptions as possible | <input type="checkbox"/> To stay hydrated with clear liquids and ice chips |
| <input type="checkbox"/> As few vaginal and cervical exams as possible | <input type="checkbox"/> To stay hydrated with popsicles, if permitted |
| <input type="checkbox"/> Hospital staff limited to my own doctor and nurses (no students, residents or interns present) | <input type="checkbox"/> To eat and drink as approved by my doctor |
| <input type="checkbox"/> To wear my own clothes | |

**I'd like to spend the first stage of labor:**

- ☐ Standing up ☐ Lying down ☐ Walking around ☐ In the shower ☐ In the bathtub

I'm not interested in:

- ☐ An enema
☐ Shaving my pubic area
☐ A urinary catheter
☐ An intravenous (IV) line, unless I'm dehydrated

I'd like fetal monitoring to be:

- ☐ Continuous
☐ Intermittent
☐ Internal
☐ External
☐ Performed only by doppler
☐ Performed only if baby is in distress

For pain relief, I'd like to use:

- ☐ Acupuncture
☐ Breathing techniques
☐ Cold therapy
☐ Demerol
☐ Distraction
☐ Hot therapy
☐ Hypnosis
☐ Massage

I prefer:

- ☐ An IV line for fluids and medications
☐ A heparin or saline lock (this device provides access to a vein but isn't hooked up to a fluid bag)
☐ I don't have a preference

I'd like labor augmentation:

- ☐ Performed only if baby is in distress
☐ First attempted by natural methods such as nipple stimulation
☐ Performed with prostaglandin gel
☐ Performed with Pitocin
☐ Performed by stripping of the membrane
☐ Performed by rupture of the membrane
☐ Never to include an artificial rupture of the membrane

- ☐ Meditation
☐ Reflexology
☐ Standard epidural
☐ TENS Unit
☐ Walking epidural
☐ Nothing
☐ Only what I request at the time
☐ Whatever is suggested at the time

**During delivery, I would like to:**

- | | |
|---|--|
| <input type="checkbox"/> Squat | <input type="checkbox"/> Use people for leg support |
| <input type="checkbox"/> Semi-recline | <input type="checkbox"/> Use foot pedals for support |
| <input type="checkbox"/> Lie on my side | <input type="checkbox"/> Use a birth bar for support |
| <input type="checkbox"/> Be on my hands and knees | <input type="checkbox"/> Use a birthing stool, chair or ball |
| <input type="checkbox"/> Stand | <input type="checkbox"/> Be in a birthing tub |
| <input type="checkbox"/> Lean on my partner or support person | |

I will bring a:

- | | | | | |
|---|---|--|---------------------------------------|--|
| <input type="checkbox"/> Birthing stool | <input type="checkbox"/> Birthing chair | <input type="checkbox"/> Squatting bar | <input type="checkbox"/> Birthing tub | <input type="checkbox"/> Birthing ball |
|---|---|--|---------------------------------------|--|

As baby is delivered, I'd like to:

- | | |
|---|---|
| <input type="checkbox"/> Push spontaneously | <input type="checkbox"/> Avoid forceps usage |
| <input type="checkbox"/> Push as directed | <input type="checkbox"/> Avoid vacuum extraction |
| <input type="checkbox"/> Push without time limits, as long as baby and I aren't at risk | <input type="checkbox"/> Use whatever methods my doctor deems necessary |
| <input type="checkbox"/> Use a mirror to see baby crown | <input type="checkbox"/> Help catch the baby |
| <input type="checkbox"/> Touch the head as it crowns | <input type="checkbox"/> Let my partner or a support person catch baby |
| <input type="checkbox"/> Let the epidural wear off while pushing | <input type="checkbox"/> Have baby placed on my chest immediately after birth |
| <input type="checkbox"/> Have a full dose of epidural | |

I would like an episiotomy:

- | | |
|---|--|
| <input type="checkbox"/> Only after perineal massage , warm compresses and positioning | <input type="checkbox"/> Performed as my doctor deems necessary |
| <input type="checkbox"/> Rather than risk a tear | <input type="checkbox"/> Performed with local anesthesia |
| <input type="checkbox"/> Not performed, even if it means risking a tear | <input type="checkbox"/> Performed by pressure, without local anesthesia |
| <input type="checkbox"/> Performed only as a last resort | <input type="checkbox"/> Followed by local anesthesia for the repair |

**Immediately after delivery, I would like:**

- ☐ My partner or support person to cut the umbilical cord
- ☐ The umbilical cord to be cut only after it stops pulsating (**delayed cord clamping**)
- ☐ To **bank the cord blood**
- ☐ To donate the cord blood
- ☐ To deliver the **placenta** spontaneously and without assistance
- ☐ To see the placenta before it's discarded
- ☐ To save the placenta so I can take it home
- ☐ Not to be given Pitocin/oxytocin

In the event of a c-section, I would like:

- ☐ A second opinion
- ☐ To make sure all other options have been exhausted
- ☐ To stay conscious
- ☐ My partner or support person to remain with me the entire time
- ☐ The screen lowered so I can watch baby come out
- ☐ My hands left free so I can touch baby
- ☐ The surgery explained as it happens
- ☐ An epidural for anesthesia
- ☐ **Vaginal seeding**
- ☐ My partner or support person to hold baby as soon as possible
- ☐ Have baby placed on my chest immediately after birth

I would like to hold baby:

- ☐ Immediately after delivery
- ☐ After suctioning
- ☐ After weighing
- ☐ After being wiped clean and swaddled
- ☐ Before eye drops/ointment are given

I'd like to feed baby:

- ☐ Exclusively with breast/chest milk
- ☐ Only with formula
- ☐ On demand
- ☐ On schedule
- ☐ With the help of a lactation specialist

I would like to breastfeed/chestfeed:

- ☐ In combination with bottle-feeding
- ☐ Only using a bottle with expressed breast/chest milk
- ☐ As soon as possible after delivery
- ☐ In the recovery room, in case of c-section
- ☐ Before eye drops/ointment are given

I'd like my family members:

-
- ☐ To join me and baby immediately after delivery
 - ☐ To join me and baby in the room later
 - ☐ Only to see baby in the nursery
 - ☐ To have unlimited visiting after birth

**I'd like baby's medical exam and procedures:**

- | | |
|---|---|
| <input type="checkbox"/> Given in my presence | <input type="checkbox"/> To include a hearing screening test |
| <input type="checkbox"/> Given only after we've bonded | <input type="checkbox"/> To include a hepatitis B vaccine |
| <input type="checkbox"/> Given in my partner's or support person's presence | <input type="checkbox"/> To include the <u>vitamin K</u> shot |
| <input type="checkbox"/> To include a heel stick for screening tests beyond the PKU | <input type="checkbox"/> To include antibiotic eye treatment |

It's okay to give baby:

- | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Sugar water | <input type="checkbox"/> Formula | <input type="checkbox"/> A pacifier | <input type="checkbox"/> None of the above |
|--------------------------------------|----------------------------------|-------------------------------------|--|

I'd like baby's first bath given:

- | | | | |
|---|---|--------------------------------|--|
| <input type="checkbox"/> In my presence | <input type="checkbox"/> In my partner or support person's presence | <input type="checkbox"/> By me | <input type="checkbox"/> By my partner or support person |
|---|---|--------------------------------|--|

I'd like baby to stay in my room:

- ☐ All the time
- ☐ During the day
- ☐ Only when I'm awake
- ☐ Only for feeding
- ☐ Only as requested
- ☐ I will decide after birth

I'd like my partner or support person:

- ☐ To have unlimited visiting
- ☐ To sleep in my room
- ☐ To accompany baby to the nursery if they're not staying in my room
- ☐ To announce baby's sex to loved ones in the waiting room

If we have a boy, circumcision should:

- ☐ Be performed
- ☐ Not be performed
- ☐ Be performed later
- ☐ Be performed with anesthesia
- ☐ Be performed in the presence of me and/or my partner/support person

As needed post-delivery, please give me:

- ☐ Extra-strength acetaminophen
- ☐ Percocet
- ☐ Stool softener
- ☐ Laxative

**After birth, I'd like to stay in the hospital:**

- ☐ As long as possible ☐ As briefly as possible ☐ As deemed necessary by my medical team

After birth, I'd like to:

- ☐ Sleep as much as possible ☐ Be woken up for baby's feedings ☐ Perform certain cultural traditions and rituals
(explain these in writing or in person)

If baby isn't well, I'd like:

- ☐ My partner/support person and I to accompany them to the NICU or another facility
☐ To breastfeed/chestfeed or provide pumped milk
☐ To hold them whenever possible

Are there any specific hospital or birth center policies I should know about?

☐ _____

☐ _____

☐ _____

☐ _____