**BIRTH PLAN**

Full name:....................................................................................................................................

Partner’s name:...........................................................................................................................

EDD:.............................................................................................................................................

Address:........................................................................................................................................E-mail:......................................................................................................................................... Doctor or Midwife:........................................................................................................................

Hospital/Birthing Center/Home:...................................................................................................

I would like the following people the be present for the labor and/or birth of my baby

Partner:........................................................................................................................................

Family:..........................................................................................................................................

......................................................................................................................................................Friends:....................................................................................................................................................................................................................................................................................................................................................................................................................................................

Doula:...........................................................................................................................................

Children:.......................................................................................................................................

......................................................................................................................................................Other:............................................................................................................................................

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**During my labor, I would like/prefer:**

 to have the option of going home if I am less than 4 centimeters dilated

 to stay at the hospital no matter how dilated I am

 that no residents or students assist with or attend my birth

 to listen to music

 to have dimmed or natural lighting

 to wear my own clothes

 to wear hospital clothing

 to have my partner present the whole time

 to have the room as quiet and peaceful as possible

 to have as few interruptions as possible

 to wear my contacts or glasses

 to take pictures and/or make a video during labor and birth

 to hydrate with clear fluids instead of having an IV

 to have a heparin or saline lock

 to walk around and move freely

 to eat

 to have intermittent fetal monitoring

 to have continual fetal monitoring

 to keep my doctor closed

 to have as few vaginal exams as possible

**First stage of labor**:

During this stage, I would prefer to

 walk and move around, getting into different positions

 lie down

 sit on a birth ball

 take a shower

 take a bath

Pain relief:

 we are having natural childbirth and will not need pain relief.

 please only provide pain relief if I ask for it

 if you see I am in pain, please suggest options to me

I would like to try these natural methods for pain relief:

 breathwork

 water (bath or shower)

 sound therapy

 movement

 massage

 acupuncture

 acupressure

 hypnotherapy

 visualization

 meditation

 distraction techniques

 heat and cold therapy

 reflexology

 aromatherapy

If I do choose medical pain relief, my preference is

 classic epidural

 sedative

 narcotics

I would like to use or bring the following labor props:

 body pillow

 birth ball

 squat bar (most hospital have this)

 tub

 birthing stool

 other:.................................................

**Second stage of labor**

I would like to use these positions for pushing and birthing my baby:

 squatting

 semireclining

 lying on my side

 getting on all fours

 kneeling lunge

birthing stool

standing

whatever feels right for me at the time

Episiotomy

 I prefer not to have one and will risk tearing

 please only perform an episiotomy using local anesthesia or pressure

To help prevent tearing , I would like the following

 to have a hot compress applied

 to have perineal massage

 to have oil applied

 to breathe through a slower crowning

When it’s time to push:

 I would like to do so instinctually, when I have the urge

 I want to be coached on when to push

 I want a combo of instinctual and coached pushing

 I want to have unlimited time, as long as my baby and I are okay

 If I get an epidural, I would like it to wear off while pushing

 I want to use a mirror to see the birth of my baby

 I want to touch my baby’s head as it crowns

 I want to avoid vacuum extraction

 I prefer that the doctor catch the baby and place him/her on my chest

 I prefer that my partner catch the baby and place him/her on my chest

 I would like to catch my baby and pull him/her onto my chest

**After birth**

 I want to hold my baby and have skin-to-skin contact right away

 I want to cut the cord and bank the cord blood

 I am banking both cord blood and cord tissue

 I want to allow the cord to pulse for 30-60 secods before cutting and then bank the rest

 I wish for the cord remain attached until it stops pulsating

 I want to donate cord blood

 I want my partner to cut the cord

 I want to deliver the placenta spontaneously, without Pitocin

 I want to save my placenta and take it home with me

 I want to breastfeed right away when the baby starts rooting

Exams and procedures (for baby)

 Hold off until after we’ve had some time for bonding

 Perform exams and procedures in either my or my partner’s presence

 My pediatrician will give ………………………….. to my baby

 heel stick for screening tests beyond the PKU test

 Hepatitis B vaccine

 Hearing test

 Vitamin K shot or oral

 Antibiotic eye ointment

 A bath

 Please use my products that I brought to bathe my baby

 Please bathe the baby in my or my partner’s presence

Please don’t bathe my baby, and leave vernix on

Feeding

I plan on breastfeeding

Please offer assistance for lactation support

 I plan to combine breastfeeding and formula

I plan to feed formula only

Please only use this formula that I brought with me:................................

Please don’t give my baby formula

Please don’t give my baby sugar water

Please don’t give my baby a pacifier

I would like my baby to stay in the room

 24 hours a day

 unless I ask for the baby to go to the nursery

Hospital stay

 I would like to leave as soon as possible

 I would like to stay as long as possible

Special requests, questions, and notes for you, your partner, or you doctor:

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