



## MY BIRTH PLAN

**My name:**

**My Partner's name:**

**My due date:**

**My provider's name:**

**My Delivery location:**

### Before labor begins

\_\_\_ As long as the baby and I are healthy, I would like to go at least 10 - 16 days over my due date before inducing labor

\_\_\_ I would like to discuss laboring at home as long as possible

\_\_\_ If I go past my due date and the baby and I are fine, I prefer to go into labor naturally rather than be induced

\_\_\_ I prefer to have no vaginal exams until I go into labor

\_\_\_ If I am less than 4 centimeters dilated, I would like to discuss with my healthcare provider the option of going home

### Pain Medication

\_\_\_ Please offer shots through the IV or IM of pain medication—discuss side effects

\_\_\_ I would like an epidural when I ask for it

\_\_\_ Do not offer pain medication, let me ask for it if I need it

\_\_\_ No medication at all, I want a drug free birth

\_\_\_ Other: \_\_\_\_\_

### Visitors

\_\_\_ Please allow all visitors to come and go as they please

\_\_\_ I only want visitors during the early stages of labor

\_\_\_ No visitors except for my birth partner

\_\_\_ Do not allow these people:

\_\_\_ Other: \_\_\_\_\_

### During Labor

\_\_\_ I want to take pictures/videos during labor + birth

\_\_\_ I want to have the freedom to move around at all times

\_\_\_ I would like to labor in the tub and/or shower to relieve pain

\_\_\_ I would like to have a water birth (if this is available at your facility)

\_\_\_ As long as the baby and I are healthy, I prefer to have no time limits on pushing

\_\_\_ Please encourage me to breathe properly for slower crowning of my baby

\_\_\_ I would not like to delivery in stirrups

\_\_\_ I would like to deliver in hands and knees, squatting, side-lying, follow my command as I labor—I will be listening to my body, avoid the lithotomy position PLEASE.

\_\_\_ Other: \_\_\_\_\_

### During delivery

\_\_\_ I would like to use a mirror during birth.

\_\_\_ I would like to catch my baby and pull them onto my abdomen as they are born

\_\_\_ I would like my partner to catch my baby and place them on my abdomen

\_\_\_ It's important to me to push instinctively I do not want to be TOLD when to push

\_\_\_ As long as my baby is healthy, I would like my baby placed immediately for SKIN-to-SKIN and not touched

\_\_\_ I would like all essential routine procedures on my baby to wait until after the bonding/breastfeeding period—I would like the "golden hour" respected

### Episiotomies/Tearing

\_\_\_ An episiotomy

\_\_\_ To tear naturally

\_\_\_ An episiotomy ONLY if necessary

\_\_\_ Pain medication for stitching up a tear or cut if I go naturally

\_\_\_ No/minimal repair if there is no/minimal bleeding for the laceration

\_\_\_ Other: \_\_\_\_\_

### Immediately After Delivery

\_\_\_ Please lay my baby on my chest immediately for SKIN-to-SKIN time

\_\_\_ Please DO NOT wipe my baby off vigorously right after they are born

☐ Please clean up my baby before bringing them to me  
☐ We are banking the cord blood  
☐ Please allow the cord to stop pulsating before cutting it  
☐ Please delivery placenta without cutting the cord  
☐ My partner will cut the cord  
☐ Please allow me to breastfeed immediately before you take baby to be cleaned, get eye drops, listen to lungs, etc.  
☐ Other: \_\_\_\_\_

### C-Section

If at any point a C-section is indicated I would like the following:

☐ Allow my partner to accompany baby to the nursery and stay with the baby at all times—please provide education about my baby's condition  
☐ I DO NOT want staples, I prefer stitches  
☐ Bring my baby to my chest for SKIN-to-SKIN as soon as possible so I may bond and attempt to breastfeed  
☐ I would like the drapes down during the cesarean section using the "Gentle Cesarean" approach  
☐ I prefer to have a gentle Cesarean; please ask me to explain this  
☐ I prefer to have my hands free to touch my baby + my partner as I please  
☐ I would like to have the option to photograph or film the birth  
☐ I would like to have my catheter and IV removed ASAP after my recovery period  
☐ Other: \_\_\_\_\_

### Newborn Care

☐ I would like my baby to have eye drops administered immediately after birth  
☐ I would like to delay the administration of eye drops until after breastfeeding and bonding has occurred  
☐ Please do not administer eye drops to my baby, I am willing to sign a formal waiver if need be  
☐ I would like my baby to receive a routine injection of vitamin K after birth  
☐ Please do NOT administer vitamin K to my baby, I am willing to sign a formal waiver if need be.  
☐ I prefer immunizations to be postponed to a later time—I will let you know when

☐ Immunize my baby according to normal policies/procedures  
☐ Please do not circumcise my baby boy  
☐ Please circumcise my baby boy  
☐ My baby is to be exclusively breastfed  
☐ Do NOT give my baby sugar water or formula in the nursery whether it is through a dropper, or bottle without my CONSENT  
☐ Other: \_\_\_\_\_

### Postpartum Care

☐ I want my baby in room in at all times  
☐ I would like my baby to go to the nursery at my request  
☐ Please administer all tests and medications to my baby in my room  
☐ Allow my partner to have access to the nursery and to be with the baby at all times  
☐ Other: \_\_\_\_\_

### Feeding

☐ I will be breastfeeding ONLY  
☐ I will be breastfeeding + supplementing with formula  
☐ I will be formula feeding ONLY  
☐ If in the nursery, bring my baby to me to feed on demand  
☐ Please feed my baby while in the nursery  
☐ other: \_\_\_\_\_

### Additional Information:

☐ Other items that are important to me:  
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Thank you for taking the time to read my birth plan. Please keep me informed of anything that comes up during labor that might cause me to change my birth plan. Thank-you.

NAME: \_\_\_\_\_