

# MY BIRTH PLAN

Mother's Name: \_\_\_\_\_

Doula's Name: \_\_\_\_\_

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

\_\_\_\_\_

Provider's Name: \_\_\_\_\_

\_\_\_\_\_

## Delivery Is Planned As:

Primary C-Section

Gentle C-Section

Repeated C-Section

## Health Info:

Group B Strep

Gestational Diabetes

High Blood Pressure

RH Incompatibility

Herpes

High Risk

Allergies: \_\_\_\_\_

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

None

\_\_\_\_\_

\_\_\_\_\_

## People I'd Like To Be With Me

Parent: \_\_\_\_\_

Partner: \_\_\_\_\_

Friend: \_\_\_\_\_

Doula: \_\_\_\_\_

Others: \_\_\_\_\_

## My Preferred Sedatives

General Anesthesia

Spinal Anesthesia

Limited Sedatives

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Fallopian Tubes

Tie The Tubes

Do Not Tie The Tubes

## During Surgery, I Want My Arms

Free

Taped

## Surgical Drape

Drape The Covers Me

Clear Drape

Lowered Drape

## My Preferred Skin Closure

Skin Glue

Staples

Sutures

Doctor Decides

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

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\_\_\_\_\_

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\_\_\_\_\_

## My Preferred Environment

Please Don't Allow Students

Explain The Surgery As It Happens

Limited Staff

Support Person To Stay With Me

\_\_\_\_\_

\_\_\_\_\_

## After Delivery, I'd Like To

Immediate Skin-to-Skin In the Operating Room

My Support Person To Cut The Umbilical Cord

Medical Staff To Cut The Umbilical Cord

Breastfeed ASAP

Delay Cord Clamping

I'd Like Baby's First Bath Given In My Or My Support Person's Presence

To Take My Placenta Home With Me

To See The Placenta Before It Is Discarded

If Available, Donate My Placenta To Public Bank

If Available, Donate My Placenta To Private Bank

For Baby Boy, Circumcise Him At The Hospital

Do Not Circumcise My Baby Boy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## After Delivery Feed The Baby:

Feed The Baby On Demand

Feed The Baby With Breastmilk By Breast

Feed The Baby On Schedule

Feed The Baby With Breastmilk By Bottle

With The Help Of Lactation Specialist

Feed The Baby With Formula Milk

## Other Important Notes

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