

MY BIRTH PLAN

Mother's Name: _____

Doula's Name: _____

Partner's Name: _____

Provider's Name: _____

Delivery Is Planned As:

Vaginal C-Section VBAC Water Birth Other _____

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 Environment

Quiet Dim Lighting Minimal Interruptions
 Minimal Cervical Exams Wear My Own Clothes Free Movements
 Eating & Drinking (As Allowed) Limited Staff No Students
 No IV Aromatherapy _____
 _____ _____ _____

I'd Like Fetal Monitoring

Continuous Intermittent Only When Baby Is Distressed
 Only By Doppler Others: _____

Pain Mediations

Please Offer Please Don't Offer Doctor Decides
 Offer Epidural Other: _____

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Pain Management

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="radio"/> Massage | <input type="radio"/> Birthing ball | <input type="radio"/> Counter pressure |
| <input type="radio"/> Meditation | <input type="radio"/> Reflexology | <input type="radio"/> TENS machine |
| <input type="radio"/> Nitrous oxide | <input type="radio"/> Hydrotherapy | <input type="radio"/> Hot/cold pack |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

I'd Like To Try These Birth Positions

- | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> Squatting | <input type="radio"/> Birth ball | <input type="radio"/> Sitting |
| <input type="radio"/> Birth stool | <input type="radio"/> Lying on side | <input type="radio"/> In bed |
| <input type="radio"/> Hands and knees | <input type="radio"/> Kneeling | <input type="radio"/> Water birth |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

During Delivery I'd Like To

- | | | |
|--|---|--|
| <input type="radio"/> Use Mirror | <input type="radio"/> Push Spontaneously | <input type="radio"/> Push As Directed |
| <input type="radio"/> Be In The Water | <input type="radio"/> Lie On My Side | <input type="radio"/> Be In Hands And Knees |
| <input type="radio"/> Use A Stress Ball | <input type="radio"/> Avoid Forceps Usage | <input type="radio"/> Avoid Vacuum Extraction |
| <input type="radio"/> Use People For Leg Support | <input type="radio"/> Lean On My Support Person | <input type="radio"/> Use A Ball/Chair For Support |
| <input type="radio"/> Help Catch The Baby | <input type="radio"/> Support Person Catch The Baby | <input type="radio"/> Touch Baby's Head |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

If Episiotomy Is Suggested

- | | | |
|-------------------------------------|---|---|
| <input type="radio"/> Follow Advise | <input type="radio"/> Avoid In Any Case | <input type="radio"/> Do Only If Absolutely Necessary |
|-------------------------------------|---|---|

If C-Section Is Suggested

- | | |
|---|---|
| <input type="radio"/> I'd Like A Second Opinion | <input type="radio"/> I'd Like To Stay Conscious |
| <input type="radio"/> Please Explain The Surgery During Process | <input type="radio"/> Lower The Screen So I Can See |
| <input type="radio"/> Let My Support Person Stay With Me | <input type="radio"/> _____ |
| <input type="radio"/> _____ | <input type="radio"/> _____ |

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After Delivery, I'd Like To

- Deliver The Placenta Naturally
- My Support Person To Cut The Umbilical Cord
- Medical Staff To Cut The Umbilical Cord
- Not To Be Given Pitocin/Oxytocin
- I'd Like To Hold Baby Right After Delivery
- Immediate Skin-To-Skin
- I'd Like To Hold The Baby After Getting Cleaned Up And Swaddled
- Breastfeed ASAP
- Delay Cord Clamping
- Delayed Exams For Bonding
- 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
