



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:

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

Today's date:

Due date (or induction date):

Your provider's name and contact info:

Hospital name or birthing center and contact info:

Doula's name 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 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 to feed baby:

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

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:**

- Given in my presence
- Given only after we've bonded
- Given in my partner's or support person's presence
- To include a heel stick for screening tests beyond the PKU
- To include a hearing screening test
- To include a hepatitis B vaccine
- To include the **vitamin K** shot
- To include antibiotic eye treatment

It's okay to give baby:

- Sugar water
- Formula
- A pacifier
- None of the above

I'd like baby's first bath given:

- In my presence
- In my partner or support person's presence
- By me
- 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?
