

# YOUR BIRTH PLAN



**YOUR NAME:** \_\_\_\_\_

## WHERE DO YOU PLAN TO GIVE BIRTH TO YOUR BABY?

Name of Place: \_\_\_\_\_

Address: \_\_\_\_\_

## SUPPORT PERSON(S)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Present During Birth (Y/N)? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## OTHERS YOU WOULD LIKE PRESENT DURING BIRTH

Parents | Name(s): \_\_\_\_\_

Other Children | Name(s): \_\_\_\_\_

Doula | Name: \_\_\_\_\_

## PAIN MANAGEMENT

### My preferred method of pain management is:

- I would like to be offered pain medication when I appear to be in pain
- Please do not offer me pain medication unless I specifically request it
- I plan on using alternative measures for pain control (birthing ball, tub, etc) and would like these options made available to me
- I am unsure if I will want pain medications and would like my options explained to me

## LABOR

- I'd prefer my water break on its own
- I'd like music playing that I will provide
- I would like to move around
- I would like coaching on when & how to push
- I would like to wear my own clothes
- I would like to use a mirror to view the birth
- I would like to choose the position I deliver in
- I'd like \_\_\_\_\_ to cut the umbilical cord

### Please offer me a:

- Birthing ball/tub for laboring
- Birthing stool or chair

### I'd prefer fetal monitoring to be:

- Continuous
- Intermittent
- Wireless to allow for movement

### If I'm having a C-section, I would like:

- To view the birth (if able)
- My arms free and skin-to-skin immediately in the operating room
- The umbilical cord left long so \_\_\_\_\_ can cut it after delivery room

### I'd like to delay cord clamping until:

- \_\_\_\_\_ minutes have passed
- The cord stops pulsating

**YOUR DUE DATE:** \_\_\_\_\_

Doctor/Midwife's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Present During Birth (Y/N)? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Friends | Name(s): \_\_\_\_\_

Photographer/Videographer |

Name(s): \_\_\_\_\_

## POSTPARTUM

- I'd like skin-to-skin contact immediately after delivery
- I would like to be asked before a pacifier or formula is given to my baby

### I would like to delay my baby's first bath until:

- \_\_\_\_\_ hours have passed
- The next day
- Do not want a bath given

- If my baby is a boy, I would like him circumcised
- I would like to delay all procedures until after an hour of skin-to-skin contact so I can feed and bond with my baby
- If my baby needs medical care requiring separation from me, I would like \_\_\_\_\_ to accompany my baby

### I plan to:

- Exclusively breastfeed
- Combination feed
- Exclusively formula feed while in the hospital

### I'd like my cord blood:

- Donated to a public bank
- Stored in a private bank
- I would like to breastfeed as soon as possible after birth
- I would like all medical procedures, baths, exams to be done in my presence.

### I would like my baby to:

- Stay in the room with me
- Stay in the nursery
- All procedures, medications and exams should be explained to me before done
- I'd like to meet with a lactation specialist