

birth plan



Name: _____ Partner's Name: _____

Due Date: _____ Doctor's Name: _____

Midwife/Doula: _____ Delivery to take place at: _____

My delivery is planned as: Vaginal C-section Water birth VBAC

PLEASE NOTE:

I am GBS positive I have gestational diabetes Allergies: _____

I have given careful thought to my preferences during and after labor and have outlined them below.

I understand that these are guidelines only and that under certain circumstances, they may not be followed.

I hope that you will honor these wishes and allow me to experience the birth I hope for.

During labor

During labor I would like:

- Music (I will provide)
- Relaxing atmosphere
- As few interruptions as possible
- To wear my own clothes
- Videotape labor and birth
- Take pictures during labor and birth
- To limit hospital staff to just my own doctors and nurses (no students or interns please)
- My partner to be present the entire time
- To walk and move freely

Other notes:

Fetal Monitoring

I would like:

- Continuous
- Intermittent
- Internal
- External
- Doppler only
- Performed only if baby is in distress

Other notes:

Labor Induction/Augmentation

I prefer to attempt all natural methods first, such as walking, nipple stimulation, intercourse, herbs.

- If needed, I prefer:
- Membrane stripping
 - Membrane rupture
 - Pitocin
 - Prostaglandin gel

Other notes:

Continued on back

Pain Relief

I would like to use:

- Acupressure
- Breathing
- Epidural
- Hypnosis
- Massage
- Meditation
- Narcotics
- Sedatives
- Walking
- Nothing
- Please make suggestions for pain relief as needed

Other notes:

Delivery

During delivery I would like to:

- Kneel/Squat
- Stand
- Use birthing tub
- Be on my hands and knees
- Use birthing stool
- Lie on my side
- Have help for leg support

As the baby arrives I would like to:

- Touch the head as it crowns
- Use a mirror to see the baby
- Push as I feel the need
- Help catch the baby
- Let my partner catch the baby
- Avoid using forceps
- Avoid vacuum extraction
- Use methods recommended by my doctor at the time
- Avoid episiotomy unless doctor deems necessary

If cesarean, I would like:

- My partner present
- Screen lowered to see baby
- Immediate contact with baby

Other notes:

After Delivery

Immediately after my baby arrives I would like:

- My partner to cut the umbilical cord
- Hold the baby
- Breastfeed

I would like my baby's medical exam:

- Given in my presence
- Given after we have bonded

Please do NOT give my baby: Sugar water Formula A pacifier

Other notes:

If a boy, I plan to: Circumcise Not circumcise

Additional Information
