

My Birth Plan

I understand the importance of collaborative care in planning for a safe and supportive birth experience. I have discussed my birth plan and preferences with my doctor or midwife before labor.

Please bring this plan with you when you come to give birth.

Mother: _____

Partner: _____

Baby: _____

Physician/Midwife: _____

Pediatrician/Family Doctor: _____

Doula: _____

ENVIRONMENT

- I would like to limit the number of guests in my room while I am in labor by having a sign posted on the door to my Labor and Delivery room
- I would like to have the lights dimmed during labor
- I plan to bring in music from home (my own MP3 player, CD player, etc.)
- I plan to bring in essential oils/aromatherapy (no flames, smoke or diffusers please)
- I plan to bring in a focal point from home
- I would like to have the option to use hydrotherapy (shower or tub)
- I would prefer natural childbirth (no pain medications or epidural)
- Please do not offer me any sort of pain medications; if I decide to use pain medication or an epidural, I will ask for them
- I plan to use IV pain medication to cope with the pain of labor and birth
- I plan to use an epidural to cope with the pain of labor and birth
- I am considering using pain medication or having an epidural, but will decide when I am actually in labor

LABOR

- I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using the birth ball, etc.), if safe and possible
- I would like to have my IV capped off (saline locked) so that I am free to move around during labor
- I would prefer to wait for the amniotic membrane (bag of waters) to rupture spontaneously; if the need to have my water broken arises, please discuss this with me before breaking my water

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BIRTH

- I would like to use a mirror to view the birth of my baby
- I would like the following person to cut the umbilical cord:

- I would like to have delayed clamping and cutting of the umbilical cord, if safe and possible
- I am planning to bank my baby's cord blood, and I will bring the cord blood collection kit

CESAREAN SECTION

- While I am in the operating room, my support person will be:

- I would like to ask my anesthesiologist if the screen could be lowered so that I can watch the birth of my baby
- If my anesthesiologist determines that it is safe and possible, I would like to have an arm left free so that I can touch my baby
- I would like to have my support person cut (shorten) the umbilical cord
- I would like to have my baby placed skin-to-skin in the operating room

NEWBORN CARE

- If my baby needs to leave my side for any reason, I would like the following person to accompany my baby, and to remain present for all procedures whenever possible:

- If my baby is having a painful procedure (circumcision, metabolic screening, etc.) and sugar water would be routinely used, I would like to be consulted first
- If my baby needs formula for a medical reason, I would like to be informed first
- If my baby requires ongoing supplementation, I would like help from my nurse in learning how to use alternative feeding methods such as a finger, spoon, cup and/or a syringe for my baby
- If I have a boy, I plan to have him circumcised

Other special requests or desires for my birth or hospital experience:
