

Our 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.

Initiation and Care During labor

I would like:

- My labor to start and continue without drugs unless medically necessary
- Have a heparin lock instead of a continuous IV drip
- My partner to be present the entire time
- To drink clear liquids and eat light foods during early labor
- To move, walk, change positions
- As few interruptions as possible
- To limit hospital staff to just my own doctors and nurses (no students or interns, please)
- Music (I will provide)
- Videotape labor and birth
- Relaxing atmosphere
- To wear my own clothes
- Take a shower, have a massage
- Take pictures during labor and birth

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, 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
- Be on my hands and knees
- Use birthing tub if available
- 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
- Avoid episiotomy unless doctor deems necessary
- Use methods recommended by my doctor at the time

If cesarean, I would like:

- My partner present
- Screen lowered to see baby
- Immediate contact with baby
- Put my baby skin to skin as soon as possible

Other notes:

After Delivery

Immediately after my baby arrives, I would like:

- The cord to stop pulsing before clamping
- My partner to cut the umbilical cord
- Hold the baby
- Breastfeed
- Put my baby skin-to-skin for at least an hour

I would like 24 hour rooming in. For this reason:

I would like my baby's medical exam and lab tests:

- Done in my presence
- Done after we have had the opportunity to breastfeed
- Done while my baby is on my chest, skin-to-skin or breastfeeding

Please do NOT give my baby:

- Sugar water
- Formula
- A pacifier

Other notes:

If a boy, I plan to: Circumcise Not circumcise

Additional Information

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