BIRTH PLAN

This birth plan sets out the preferences of _____ (in this plan, "I" and "me") for the birth of my baby, due on or about _____.

Preferences, Not Demands. These are my hopes for the birth, not demands. Birth can change quickly. If my care team believes something different is needed for my baby's safety or mine, I want to know. When there is time, please explain the options and talk them through with me before a change is made.

1. ABOUT ME AND MY CARE TEAM

Name: _____

Due date: _____

Planned birth (check one): [ ] in a hospital [ ] at a birth center [ ] at home [ ] planned cesarean

Hospital or birth center: _____

Doctor or midwife: _____

Hospital if I transfer (birth center or home birth): _____

Important things my care team should know (allergies, health conditions, cultural or religious practices):

_____

2. MY SUPPORT PEOPLE

I would like these people with me for the birth, as far as the birth place's policies allow:

Name: _____ Relationship to me: _____

Name: _____ Relationship to me: _____

Name: _____ Relationship to me: _____

I agree that my care team may talk with these people about my care and my baby's care while they are with me.

3. LABOR

For my labor, I would like (check any): [ ] dim lights [ ] a quiet room with few interruptions [ ] my own music [ ] my own clothes [ ] students or trainees present only with my permission [ ] photos or video, where allowed

To stay comfortable, I would like to use (check any): [ ] walking and changing positions [ ] a birth ball or peanut ball [ ] a shower [ ] a tub or birth pool [ ] massage and counterpressure [ ] resting in bed when I choose

Fetal monitoring (check one): [ ] checks from time to time if my baby and I are doing well [ ] wireless or waterproof monitors if continuous monitoring is needed [ ] whatever my care team recommends

Eating and drinking (check one): [ ] light snacks and drinks, if my care team agrees [ ] clear liquids and ice chips [ ] whatever my care team advises

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Other labor wishes: _____

4. PAIN RELIEF

(Check one): [ ] I plan to give birth without pain medication; please do not offer it unless I ask [ ] I want to start without medication and decide during labor [ ] I plan to use pain medication [ ] I have not decided and want to talk through my options

Options I would like to consider (check any): [ ] nitrous oxide [ ] IV pain medication [ ] an epidural

5. GIVING BIRTH

Pushing (check one): [ ] push when I feel the urge, in my own way [ ] be coached on when and how to push [ ] follow my care team's guidance

Positions I would like to try (check any): [ ] upright, squatting or kneeling [ ] lying on my side [ ] hands and knees [ ] in water, where offered [ ] whatever feels right

I would like this person to catch my baby: _____

[ ] I would like a mirror so I can see my baby being born.

6. THE UMBILICAL CORD

I would like _____ to cut the umbilical cord, if my care team agrees.

Cord clamping (check one): [ ] delayed for as long as my care team considers safe [ ] the timing my care team recommends [ ] no preference

Cord blood (check one): [ ] donate to a public bank, if a donation can be arranged [ ] save with a private bank I have arranged: _____ [ ] no banking [ ] not decided

7. CESAREAN BIRTH

If my baby is born by cesarean, I would like (check any): [ ] a clear or lowered drape so I can see my baby born [ ] skin-to-skin in the operating room, if my baby and I are well [ ] my support person with me for the whole surgery [ ] the team to tell me what is happening [ ] skin-to-skin with my support person if I cannot hold my baby [ ] my own music

8. NEWBORN CARE

Skin-to-skin (check one): [ ] as soon as possible after birth, with routine checks done on my chest [ ] after the first checks [ ] no preference

First bath (check one): [ ] delay the first bath [ ] I or my partner would like to give it [ ] no preference

Feeding (check one): [ ] breastfeeding [ ] formula [ ] a combination [ ] not decided yet

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Feeding support (check any): [ ] help from a lactation consultant [ ] no pacifier unless I agree [ ] no formula or other supplement without asking me first

Vitamin K shot: [ ] yes, please give it [ ] I would like to discuss it first [ ] I decline it

Eye ointment: [ ] yes, please give it [ ] I would like to discuss it first [ ] I decline it

Hepatitis B vaccine: [ ] yes, please give it [ ] I would like to discuss it first [ ] I decline it

9. AFTER THE BIRTH

My baby's room (check one): [ ] keep my baby in my room [ ] use the nursery at times so I can rest [ ] no preference

Recovery wishes: _____

10. THANK YOU

Thank you for caring for my baby and me. If something comes up that this plan does not cover, or if a change is needed, please talk with me and my support people when you can.

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