"My Birth Plan"

Every birth is different. What can you plan for? More than you think. Print and fill out this birth plan to prepare yourself (as much as possible) for delivery. Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.

My Name: ____________________________  Partner’s Name: ____________________________

OB/Midwife’s Name: ____________________  Doula/Birthing Coach’s Name: ______________

My Baby-to-Be’s Name: ____________________  Expected Due Date: ______________________

(Optional)

Labor Preparation / Preferences:

I have completed the following:
☐ Consent forms (if applicable)  ☐ Insurance forms  ☐ Cord blood materials and instructions  ☐ Other: _________________________

Please note that I:
☐ Have group B strep  ☐ Am Rh incompatible with baby  ☐ Am positive for herpes  ☐ Have gestational diabetes  ☐ Other: _________________________  ☐ None of the above

My preferred delivery method is:
☐ Vaginal
☐ C-section (if checked, move to page 2)

☐ Have had a prior C-section  ☐ Have had prior surgery on my uterus

If I have a vaginal birth, I want:
☐ To view the birth using a mirror  ☐ To touch my baby’s head as it crowns  ☐ To be able to feel the urge before starting to push

Delivery room environment preferences:
☐ Dim lighting  ☐ Birthing ball  ☐ Music  ☐ Minimal sound  ☐ Blankets and/or photos from home  ☐ Aromatherapy scents that I will provide  ☐ Photos taken by: _____________________________  ☐ Other: _____________________________

Help for managing labor discomfort:
☐ Natural techniques (such as a bath or shower, breathing techniques, hypnobirthing techniques or massage)  ☐ Regional analgesia (an epidural and/or spinal block)  ☐ Please don’t offer me pain medicine. I’ll request it if I need it  ☐ Other: _____________________________

I want these people in the delivery room:
☐ Partner: _____________________________  ☐ Parents: _____________________________
☐ Doula: _____________________________  ☐ Friend: _____________________________
☐ Other family member: _____________________________

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Planning for the Unexpected:

The idea of something not going as planned is probably the last thing you want to think about. Fortunately, talking to your OB or midwife ahead of time can help you plan for the unexpected and understand the decisions you may have to make.

If my doctor or midwife believes induction is necessary, I would prefer the following:

Options to help prepare my cervix (also referred to as cervical ripening):
- □ Cervical ripening vaginal insert
- □ Pill (misoprostol/Cytotec®) not FDA approved
- □ Catheter
- □ Other: ____________________________

Options to help with contractions:
- □ IV drip (oxytocin/Pitocin®)
- □ Nipple stimulation
- □ Walking around
- □ My doctor or midwife will help break my water

After-delivery preferences:

Procedure for the umbilical cord:
- □ My partner (or ______________________ ) to cut the cord
- □ Delayed clamping and cutting of the cord (after it stops pulsating)
- □ Send it to the cord blood bank
  Company name ____________________________
  □ Blood □ Cord □ Both

If my baby is a boy:
- □ I want my baby circumcised prior to leaving the hospital
- □ I do not want my baby circumcised prior to leaving the hospital

I want to feed my baby with:
- □ Breast milk
  - □ I prefer my baby doesn’t get any bottles
  - □ Formula
  - □ Both

If my baby is a boy:
- □ I want my baby circumcised prior to leaving the hospital
- □ I do not want my baby circumcised prior to leaving the hospital

If my doctor or midwife believes induction is necessary, I would prefer the following:

In case of interventions such as vacuum, forceps or episiotomy, what requests can I make?
- □ If I need any of these procedures, please discuss with me beforehand
- □ I would prefer not to have an episiotomy unless medically necessary
- □ I would prefer not to have forceps used
- □ I would prefer not to have a vacuum used

If my doctor or midwife believes induction is necessary, I would prefer the following:

I want to have a moment alone/with my partner/family/other to process this before having a C-section

If I need a C-section and it’s not an emergency:
- □ If possible, I’d like to have a moment alone/with my partner/family/other to process this before having a C-section
- □ I’d like to have ______________ present for the procedure
- □ I’d like to have a sheer screen to watch, if possible
- □ I’d like to have it explained as it happens
- □ I’d like to have music playing

Use of the placenta:
- □ Hospital to take
- □ Take home (there may be additional steps taken by the hospital for the release of your placenta)
- □ I want the placenta collected for banking
  Company name ____________________________

I want to hold my baby for the first time:
- □ Immediately after delivery (skin to skin)
- □ After being wiped clean
- □ After weighing and initially cleaning my baby
- □ I’d prefer not to hold my baby after childbirth
- □ Other: ____________________________

I want to start breastfeeding:
- □ As soon as possible after delivery
- □ After discussing with lactation consultant
- □ When I feel comfortable

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Don’t forget to pack:
Don’t worry if this list looks long. Many of these are small things you might not be thinking about if you have to rush out the door.

- Photo ID
- Cord blood kit (if applicable)
- Insurance card
- Important phone numbers
- Cell phone/Charger
- Toothbrush/Toothpaste
- Comfy clothing
- Nursing bras/Regular bras
- Maternity underpants/Nightgown/Pajamas
- Bathrobe/Socks/Flip-flops
- Makeup/Deodorant
- Glasses/Contacts
- Something to read
- Lotion/Soap/Lip balm
- Rear-facing car seat
- Favorite movie (if applicable or hospital has DVD player)
- Laptop or tablet
- Camera
- Birthing ball
- Baby outfit
- Formula
- Favorite pillow
- Relaxing music and scents
- Favorite hydrating beverage (check with your doctor before consuming)

Notes:

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