

MY BIRTH PLAN



SOURCE: Obstetrics

Dear Expectant Parent(s),
We know you are anxiously awaiting the birth of your child and that you may have questions, concerns, fears or very specific ideas regarding the big day! We hope you will take a few moments to complete this birth plan to let us know how we can make this the most enjoyable, special and memorable time of your life. After all, this is about **you and your new baby!**

Looking forward to seeing you,
Your OB Care Team

Expectant Mother's Name: _____

Significant Other's Name: _____

Boy Girl Unknown Your baby's name (if chosen): _____

Is this your first baby: Yes No Names and ages of other children: _____

Tell us what you'd like your care team to know about your pregnancy, your family, and yourself:

LABOR

1. What are your biggest fears and concerns about labor? _____

2. Who would you like to be present during your labor?
 Family members: _____
 Friends: _____
 Others: _____

3. How do you picture your environment during your labor? (check all that apply)
 Calm, quiet
 Dimmed lights
 TV/movies playing
 Music
 Voices lowered
 Lively, bright, happy

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- Wear my own clothing
- Candid pictures taken by family or friends
- Video-taping by family or friends
- How do you want phone calls handled during your labor? _____

- Other: _____

4. What comfort measures are you open to using during labor? (check all that apply)

- Imagery
- Breathing techniques
- Aromatherapy
- Focal point
- Tub/shower
- Massage
- Ice/heat
- Position changes
 - Hands and knees
 - Squatting
 - Kneeling and resting arms on bed or chair
 - Standing, slow dance
 - Walking
 - Other: _____
 - Rocking chair
 - Birthing ball/birthing chair
 - Hypnosis
 - Other: _____

5. How would you like your nurse to help you during your labor?

- Stand back and let your coach help.
- Offer suggestions to you and your coach.
- Help with backrubs/massage and breathing.
- Allow you and your coach to be alone as much as possible.
- Spend as much time as possible with you and your coach.

6. How do you feel about pain medications?

- Ideally, I would like a drug-free birth.
 - Only offer medications if I ask.
 - Offer medications if you see that I am uncomfortable and not coping well.

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7. I plan on using pain medications
- IV medications (Nubain/Stadol)
 - Paracervical block (if your doctor is willing to perform)
 - Epidural
 - Intrathecal

DURING THE BIRTH

1. What positions would you like to try during pushing?
- Classic, semi-reclined
 - Reclined, with your partner sitting behind you.
 - Side-lying
 - Squatting
 - Hands and knees
 - Standing
 - Whatever feels right at the time
 - Whatever positions are recommended by your doctor or nurse.
2. Water birth
- I would like to have a water birth.
 - My significant other would like to be in the tub with me when I deliver the baby.
 - I would like to watch the birth with a mirror.
 - I would like to deliver my placenta in the birthing tub.
 - I would like to deliver my placenta in bed.
3. Please check any of the following options:
- I would like to watch the birth using a mirror.
 - I would like to touch my baby's head as it crowns.
 - I would like the birth to be photographed.
 - I would like the birth to be videotaped.
 - I prefer to push as it feels natural.
 - I prefer to be coached with pushing
 - I prefer no loud cheering during pushing, just gentle encouragement.
 - I would like to avoid an episiotomy if at all possible.
 - I want warm packs to perineum during pushing or perineal massage.
 - I want to be cheered on during pushing!
 - I would like to help catch my baby.
 - My partner would like to help catch baby.
 - I want my baby placed on my belly after birth.
 - I prefer to have my baby placed in the warmer after delivery.

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- I would like to cut the umbilical cord.
- My partner would like to cut the umbilical cord.
- I would like to see the placenta.
- I plan to breastfeed my baby and would like to do so as soon as possible after birth.
- I plan to bottle feed my baby.
 - I would like to be the first person to feed my baby.
 - My partner would like to be the first person to feed baby.
- If my baby is a boy:
 - I would like to have him circumcised.
 - I do not want him circumcised.
- I prefer to have my baby with me or my partner at all times and for all procedures if possible.
- I would like to have my baby cared for in the nursery while I am resting.
- I would like to be offered to have my baby's footprints made in the baby book or other special memorabilia.
- I would like my significant other to stay overnight with me during my hospital stay.
- Other special requests: _____

4. If cesarean section is necessary:
- My partner would like to be in the operating room with me if possible.
 - I would like to have physical contact with my baby as soon as possible.
 - I would like my partner to be able to take photographs in the OR after baby is born.
 - If possible, I would like my baby brought to me in the recovery room.
 - I prefer that no one other than my partner be able to hold, see, or touch my baby until I am out of recovery.
 - I would like all newborn procedures to be delayed until I am out of recovery (weight, measurements, footprints, etc.)
 - Other requests: _____

Is there anything else that you would like your care team to know or do to make your labor, delivery, or hospital stay easier or more memorable?
