

Sample Birth Plan

Writing a birth plan gives you an opportunity to write out your wishes on how you would ideally like your baby's birth to be handled. Just remember that you'll need to stay flexible in case something comes up that requires your birth team to depart from your plan. A written plan will also refresh your physician's (or covering physician's) memory when you are in labor. **PLEASE NOTE: Discuss all aspects of your birth plan with your obstetrician.**

When you have completed your birth plan and reviewed it with your obstetrician and pediatrician (if plan affects baby care during hospitalization) please:

- > Give a copy to your obstetrician's office. It will be attached electronically to the prenatal chart that is sent to Saint Barnabas Medical Center prior to your due date.
- > Bring a copy with you when you come to the hospital for delivery. Be sure to give the copy to your labor nurse.

Your full name: _____

Due Date: _____

Your birth partner: _____

Your obstetrician: _____

Your pediatrician: _____

■ ■ Saint Barnabas Medical Center
■ ■ Barnabas Health

Environment (check as many as you would like)

- ☐ Dim lights
- ☐ A quiet, relaxing birthing room
- ☐ Music (please bring in your own MP3, CDs of your choice, CD player, etc.)
- ☐ Aromatherapy (please bring your favorite essential oils to place in our diffuser)
- ☐ The Relaxation Channel is available on TV Channel 27; ask your nurse to turn it on

Mobility (check as many as you would like)

- ☐ Maintain mobility (walking in room and hallway with supervision of your labor partner, rocking, swaying, frequent position changes if in bed); we will need physician orders for all out-of-bed activity
- ☐ Use of a birthing ball (you must bring your own and your partner and/or doula must assist to maintain stability)

Hydration (check as many as you would like)

- ☐ Clear fluids (water, jello, etc.)
- ☐ Ice chips
- ☐ Only Heparin/Saline Lock upon admission (we require a lock as access to a vein should an emergency occur); this procedure may be waived only by your obstetrician
- ☐ I.V. (an I.V. is required if you are receiving any medications or an epidural)

Monitoring

You may choose to use external intermittent monitoring unless continuous monitoring is indicated per your physician

Pain Relief (check only one)

- ☐ Only if I ask; I do not want any kind of anesthesia offered to me during labor
- ☐ Offer if uncomfortable and I request it
- ☐ Offer as soon as possible
- ☐ Classic epidural if decided by you and your physician

Pain Relief Options (check as many as you would like)

- ☐ Relaxation CD
- ☐ Frequent positioning changes
- ☐ Water Therapy - shower and shower chair with physician's approval
- ☐ Heat or Cold Therapy - you may bring hot and/or cold packs for use in labor
- ☐ Massage - body and/or perineal massage by labor partner

Augmentation of Labor (check your preference, but know your physician may elect to use others)

- ☐ Natural Methods (walking, nipple stimulation)
- ☐ Cervidil (recommended if you have an unfavorable cervix)
- ☐ Pitocin (a synthetic hormone given in your I.V., to induce contractions)
- ☐ Amniotomy (breaking the bag of waters)

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Second Stage Pushing (check the method you would like)

- ☐ Choice of positions (squatting, side lying)
- ☐ Spontaneous bearing down (waiting for urge to push to occur unless physician recommends direct pushing on command)
- ☐ Directed Pushing (being told to push at certain times, while holding your breath)
- ☐ Squatting position
- ☐ Birth bar on bed (allows you to lean on bar to push)
- ☐ Stirrups (used in long second stages and with epidurals)

Perineal Care (check what you would like)

Use of massage of perineum by labor partner and/or compresses

Immediately After Delivery (check what you would like)

- ☐ Umbilical Cord Cutting - I would like my partner to cut the cord if approved by my physician
- ☐ I would like skin-to-skin contact with baby and an extended bonding time
- ☐ I would like the baby's father to be able to have skin-to-skin contact with the baby

Breastfeeding in Labor and Delivery

- ☐ Breastfeeding should be initiated within first hour of birth; skin-to-skin contact mother and baby, unless medically contraindicated

Eye Care (check one)

- ☐ No eye drops - you must sign a waiver AND you must check with your pediatrician prior to delivery
- ☐ Delayed - drops can be placed in baby's eyes after initial bonding time
- ☐ Immediate instillation of eye drops is ok

Please Share any Additional Requests:

Vitamin K Injection (helps with newborn's blood clotting; check one) ****Discussion must be done with pediatrician prior to delivery****

- ☐ OK to give
- ☐ Not OK to give; must sign waiver

Separation

- ☐ If baby must be taken from me to receive medical treatment, I want my birth partner or a person I designate to accompany my baby

Bathing the Baby after Delivery

My partner or I would like to assist in the first bath

Post Partum (check as many as you would prefer)

- ☐ Unless medically necessary, I do not wish my baby to have any bottles including glucose water or plain water
- ☐ I do not wish my baby to be given a pacifier
- ☐ I want my partner to stay with me in my room at all times (must be in a private room to sleep over)
- ☐ I would like full, 24-hour rooming in with my baby
- ☐ I choose to return my baby to the nursery when I desire

Circumcision ****Written informed consent is required prior to circumcision****

- ☐ I intend to have the baby circumcised
- ☐ I would like myself or my partner to be present at the circumcision if I obtain permission from physician (this should be discussed prior to birth)
- ☐ I DO NOT intend to have the baby circumcised

Discharge Option (check one)

- ☐ I will stay the usual time suggested for discharge
- ☐ With approval from both my obstetrician and pediatrician, I would like to be discharged early and I would like my baby to be discharged early