

Name: _____

OB Provider: _____ **Support Persons:** _____

This Birth Plan can help you communicate your wishes about your labor, delivery and newborn's care. Some options on this form may not be available or may need to be modified depending on your situation. We encourage you to talk with your provider during your prenatal appointments about the options that are available to you. Bring the completed form with you when you come to the hospital to deliver.

During labor I would like:

- ☐ To play music that I provide
- ☐ My room quiet as possible
- ☐ The light dimmed
- ☐ The blinds open for natural light
- ☐ To use aromatherapy
- ☐ To wear my own clothes as long as possible
- ☐ To walk around

My plan for pain control is:

- ☐ To have an un-medicated birth. I will request pain medication, if desired
- ☐ To use comfort measures for as long as possible before requesting pain medication
- ☐ To use pain medication during labor

I want to manage the discomfort of labor by using:

- ☐ Breathing techniques learned in class
- ☐ Massage
- ☐ To use the birthing ball
- ☐ To use the tub or shower
- ☐ Changing positions
- ☐ Hot/cold therapy
- ☐ IV pain medication
- ☐ Nitrous Oxide
- ☐ Epidural
- ☐ Other (Hypnosis learned in class, TENS unit, etc.)

During my labor and delivery, I would like to use these options:

- ☐ Squatting
- ☐ Lying on my side
- ☐ Being on my hands and knees
- ☐ Birthing/squatting bar
- ☐ Warm compresses on my perineum
- ☐ Use of a mirror
- ☐ To feel the top of the baby's head while pushing
- ☐ Other:

If circumstances allow, in case of a cesarean birth:

- ☐ I would like _____ to be with me during surgery
- ☐ If possible, I would like music played in the operating room
- ☐ I would like my support person to take photos if staff consents
- ☐ I would like to be skin to skin with my baby and breastfeed as soon as possible
- ☐ I would like the screen lowered or a clear drape used

After the birth, I would like:

- ☐ The baby skin to skin on me
- ☐ Delayed cord clamping
- ☐ To have a support person cut the cord
- ☐ To take my placenta home
- ☐ To bank or donate the cord blood (arranged prior to admission)
- ☐ The following people present:

Baby's provider:

- ☐ Name of baby's doctor:
- ☐ Plan to use the on-call doctor

Feeding plan:

- ☐ I plan to breastfeed in the hospital
- ☐ I plan to formula feed in the hospital

Circumcision preference:

- ☐ Yes
- ☐ No

Our routine care includes:

- Skin to skin after delivery
- Encouraging the limitation of visitors during the first hour after delivery to allow for bonding and breastfeeding to be established
- Vitamin K shot, eye antibiotics and Hepatitis B vaccination to be given to baby
- Delayed bathing of baby for 8 hours

Please discuss questions or concerns with your nurse or provider.

Additional circumstances, wishes or concerns: