

Birth Plan Worksheet

Basic Information

Name: _____

Partner's Name: _____

Doctor/Midwife's Name(s): _____

Other Birth Attendants (doula, friends, etc.): _____

Children and Helpers, if attending: _____

Baby's pediatrician, if known: _____

Delivery location: _____

Estimated Due Date: _____

Pre-Birth Preferences

Induction:

I prefer to be induced on _____ (date)

I will discuss induction after _____ (date)

I prefer not to be induced unless it becomes medically necessary

I am having a scheduled c-section on _____ (date)

Arriving at the Birth Location

I will be birthing at home

I prefer to arrive as soon as contractions begin or my water breaks

I prefer to arrive once my labor is well established

I prefer to arrive only once I am advanced in labor; I want to labor at home as long as possible

Paperwork

We will pre-register

We will do the paperwork at our earliest convenience; please do not separate me from my support person

We will do the paperwork immediately; please make any separation as brief as possible

Comfort Measures

I would like to use the following comfort measures:

Pain medication (see below)

Massage

Birthing ball

Birthing tub

Music

Essential oils

___ Other: _____

Pain Medication

- ___ Please don't offer it; I will ask if I want it
- ___ Please offer me pain medication immediately upon arrival (explain my options)
- ___ Please offer me pain medication only if I seem to need it

IV

- ___ I do not want an IV or Hep lock at all
- ___ I am okay with a Hep lock, but do not want an IV
- ___ I would like an IV

Water

- ___ I would like my water broken upon arriving at the hospital, to speed things along
- ___ I would like my water broken only if my labor is slow and I am exhausted
- ___ I would like my water broken only if my baby's arrival is imminent and it hasn't broken on its own
- ___ I would not like my water broken under any circumstances

Food/Drink

- ___ Please offer me ice chips or popsicles and nothing else
- ___ Please offer me drinks but not food
- ___ Please offer me food and drink as I need it
- ___ Please do not offer me anything; I will ask or have an IV

Labor Augmentation

- ___ If it becomes necessary, I would like to try natural methods first, including:
 - ___ Nipple stimulation
 - ___ Walking
 - ___ Herbs
 - ___ Other
- ___ Please offer me Pitocin
- ___ I would like to try to avoid augmentation if at all possible; my baby will come when s/he is ready

Fetal Monitoring

- ___ I prefer an external continuous monitor
- ___ I prefer a continuous internal monitor
- ___ Please use an external monitor for a few minutes per hour to check on my baby
- ___ Please use a Doppler to check on my baby occasionally
- ___ Please do not use any devices to monitor my baby; use a fetoscope or palpations only

Labor Positions

I would like to labor:

- While walking
- Lying down
- Sitting on a birthing ball
- In the tub/shower
- Let me decide at the time

Environment

- Please keep the lights dimmed
- Please keep noise levels low
- Please play music. I would like a particular collection: _____
- Please do this: _____

Internal Exams

- Please examine me as soon as I arrive and hourly after to check my progress
- Please examine me only if I ask
- Please keep examinations to a minimum

Pushing Preferences

- I would like to push on my back
- I would like to push on my hands and knees
- I would like to push on my side
- I would like to push on a birthing stool
- I would like to push _____
- Let me the decide at the time

Episiotomy

- Please cut an episiotomy if my baby is large and having difficulty
- Please do not cut an episiotomy; I would rather risk a tear
- Please allow me to try different pushing positions to avoid a tear
- Please use perineal support, massage and hot compresses to help avoid a tear

Vacuum/Forceps

If I need an assisted delivery, I would prefer:

- Vacuum
- Forceps
- I trust my doctor to decide what's best

C-section

- Please help me to avoid a c-section unless an emergency arises
- Please offer me a c-section in my labor is not progressing after ___ hours
- I would prefer a c-section
- Other: _____

Emergency Procedures

- Please explain to me what my options are so I can choose
- Please use your own discretion and choose what is best for me

Moment of Birth

- Please place my baby immediately onto my chest and leave him/her there
- Please allow me to hold my baby briefly before taking him/her to be cleaned and weighed
- Please take my baby to be cleaned/weighed immediately

Cord Cutting

- Please cut my baby's cord immediately
 - Please allow my husband/partner to cut the cord
 - Please have a doctor cut the cord
- Please wait until the cord stops pulsing before cutting
- Please wait at least an hour to cut my baby's cord
- Please do not cut my baby's cord (lotus birth)

Initial Bonding

- Please leave us alone for an hour after birth to bond
- Please clean and dress my baby, complete our medical exams, and then allow us bonding time
- Please do this: _____

Newborn procedures:

We give consent for:

- Eye ointment
- Hep B vaccine
- Vitamin K shot
- PKU test
- Hearing test

We do NOT give consent for (please bring us any waivers we need to sign):

- Eye ointment
- Hep B vaccine
- Vitamin K shot
- PKU test
- Hearing test

Feeding

- My baby is exclusively breastfed, please do not offer:
 - Formula
 - Sugar water

___ Pacifiers

___ My baby is formula fed, please help us choose a formula

Rooming In

___ I wish for my baby to remain in my room 24/7

___ Please take my baby to the nursery only at my request

___ Please take my baby to the nursery at night so I can sleep (bringing him/her for feedings)

___ Please take my baby to the nursery except when s/he needs fed

Visitors:

___ I am open to any visitors during visiting hours

___ Please allow only the following people: _____

___ Please do NOT allow the following people: _____

___ Please, no visitors during these times: _____

Medications Post-Birth

___ Please offer me OTC-strength medications to cope with pain (acetaminophen, ibuprofen)

___ Please offer me stronger medications to cope with pain (as prescribed)

___ Please offer me arnica or another natural pain reliever

___ Please do not offer me pain medication

___ Please offer me a stool softener

___ Please do NOT offer me a stool softener

Baby's Exam

___ Please perform my baby's exam in my room

___ Please perform my baby's exam in the nursery with myself or my partner present

___ Please perform my baby's exam in the nursery, we do not need to be present

Hospital/Birthing Center Stay:

___ We prefer to leave 6 hours after birth

___ We prefer to leave 24 hours after birth

___ We prefer to stay 48 hours after birth

___ Please give your recommendation on our length of stay

Complications

___ If my baby requires a hospital transfer, please allow my partner to accompany him/her

___ If my baby requires a hospital transfer, please allow us to go together once I am released

___ Please allow another family member to accompany my baby: _____

Other:

