



Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

Full name: _____ Partner's name: _____

Today's date: _____ Due date/Induction date: _____

Doctor's name: _____ Hospital name: _____

Please note that I:

- Have group B strep
- Am Rh incompatibility with baby
- Have gestational diabetes

My delivery is planned as:

- Vaginal
- C-section
- Water birth
- VBAC

I'd like...

- Partner: _____
- Parents: _____
- Other children: _____
- Doula: _____
- Other: _____

...present before AND/OR during labor

During labor I'd like...

- | | |
|---|--|
| <input type="checkbox"/> Music played (I will provide) | <input type="checkbox"/> To wear my own clothes |
| <input type="checkbox"/> The lights dimmed | <input type="checkbox"/> To wear my contact lens the entire time |
| <input type="checkbox"/> The room as quiet as possible | <input type="checkbox"/> My partner to film AND/OR take pictures |
| <input type="checkbox"/> As few interruptions as possible | <input type="checkbox"/> My partner to be present the entire time |
| <input type="checkbox"/> As few vaginal exams as possible | <input type="checkbox"/> To stay hydrated with clear liquids & ice chips |
| <input type="checkbox"/> Hospital staff limited to my own doctor and nurses (no students, residents or interns present) | <input type="checkbox"/> To eat and drink as approved by my doctor |



I'd like to spend the first stage of labor:

- Standing up
- Lying down
- Walking around
- In the shower
- In the bathtub

I'm not interested in:

- An enema
- Shaving of my pubic area
- A urinary catheter
- An IV, unless I'm dehydrated (and a heparin or saline lock IS/IS NOT okay)

I'd like fetal monitoring to be:

- Continuous
- Intermittent
- Internal
- External
- Performed only by Doppler
- Performed only if the baby is in distress

I'd like labor augmentation:

- Performed only if baby is in distress
- First attempted by natural methods such as nipple stimulation
- Performed by membrane stripping
- Performed with prostaglandin gel
- Performed with Pitocin
- Performed by rupture of the membrane
- Performed by stripping of the membrane
- Never to include an artificial rupture of the membrane

For pain relief I'd like to use:

- Acupressure
- Acupuncture
- Breathing techniques
- Cold therapy
- Demerol
- Distraction
- Hot therapy
- Hypnosis
- Massage
- Meditation
- Reflexology
- Standard epidural
- TENS
- Walking epidural
- Nothing
- Only what I request at the time
- Whatever is suggested at the time



During delivery I would like to:

- | | |
|---|--|
| <input type="checkbox"/> Squat | <input type="checkbox"/> Use people for leg support |
| <input type="checkbox"/> Semi-recline | <input type="checkbox"/> Use foot pedals for support |
| <input type="checkbox"/> Lie on my side | <input type="checkbox"/> Use birth bar for support |
| <input type="checkbox"/> Be on my hands and knees | <input type="checkbox"/> Use a birthing stool |
| <input type="checkbox"/> Stand | <input type="checkbox"/> Be in a birthing tub |
| <input type="checkbox"/> Lean on my partner | <input type="checkbox"/> Be in the shower |

I will bring a:

- | | |
|---|--|
| <input type="checkbox"/> Birthing stool | <input type="checkbox"/> Squatting bar |
| <input type="checkbox"/> Birthing chair | <input type="checkbox"/> Birthing tub |

As the baby is delivered, I would like to:

- | | |
|--|---|
| <input type="checkbox"/> Push spontaneously | <input type="checkbox"/> Avoid forceps usage |
| <input type="checkbox"/> Push as directed | <input type="checkbox"/> Avoid vacuum extraction |
| <input type="checkbox"/> Push without time limits, as long as the baby and I are not at risk | <input type="checkbox"/> Use whatever methods my doctor deems necessary |
| <input type="checkbox"/> Use a mirror to see the baby crown | <input type="checkbox"/> Help catch the baby |
| <input type="checkbox"/> Touch the head as it crowns | <input type="checkbox"/> Let my partner catch the baby |
| <input type="checkbox"/> Let the epidural wear off while pushing | <input type="checkbox"/> Let my partner suction the baby |
| <input type="checkbox"/> Have a full dose of epidural | |

I would like an episiotomy:

- | | |
|--|--|
| <input type="checkbox"/> Used only after perineal massage, warm compresses and positioning | <input type="checkbox"/> Performed as my doctor deems necessary |
| <input type="checkbox"/> Rather than risk a tear | <input type="checkbox"/> Performed with local anesthesia |
| <input type="checkbox"/> Not performed, even if it means risking a tear | <input type="checkbox"/> Performed by pressure, without local anesthesia |
| <input type="checkbox"/> Performed only as a last resort | <input type="checkbox"/> Followed by local anesthesia for the repair |



Immediately after delivery, I would like:

- | | |
|---|---|
| <input type="checkbox"/> My partner to cut the umbilical cord | <input type="checkbox"/> To deliver the placenta spontaneously and without assistance |
| <input type="checkbox"/> The umbilical cord to be cut only after it stops pulsating | <input type="checkbox"/> To see the placenta before it is discarded |
| <input type="checkbox"/> To bank the cord blood | <input type="checkbox"/> Not to be given Pitocin/oxytocin |
| <input type="checkbox"/> To donate the cord blood | |

If a C-section is necessary, I would like:

- | | |
|---|--|
| <input type="checkbox"/> A second opinion | <input type="checkbox"/> My hands left free so I can touch the baby |
| <input type="checkbox"/> To make sure all other options have been exhausted | <input type="checkbox"/> The surgery explained as it happens |
| <input type="checkbox"/> To stay conscious | <input type="checkbox"/> An epidural for anesthesia |
| <input type="checkbox"/> My partner to remain with me the entire time | <input type="checkbox"/> My partner to hold the baby as soon as possible |
| <input type="checkbox"/> The screen lowered so I can watch baby come out | <input type="checkbox"/> To breastfeed in the recovery room |

I would like to hold baby:

- Immediately after delivery
- After suctioning
- After weighing
- After being wiped clean and swaddled
- Before eye drops/ointment are given

I would like to breastfeed:

- As soon as possible after delivery
- Before eye drops/ointment are given
- Later
- Never

I would like my family members:

(names:)

- | | |
|---|---|
| <input type="checkbox"/> To join me and baby immediately after delivery | <input type="checkbox"/> Only to see baby in the nursery |
| <input type="checkbox"/> To join me and baby in the room later | <input type="checkbox"/> To have unlimited visiting after birth |



I would like baby's medical exam & procedures:

- Given in my presence
- Given only after we've bonded
- Given in my partner's presence
- To include a heel stick for screening tests beyond the PKU
- To include a hearing screening test
- To include a hepatitis B vaccine

Please don't give baby:

- Vitamin K
- Antibiotic eye treatment
- Sugar water
- Formula
- A pacifier

I'd like baby's first bath given:

- In my presence
- In my partner's presence
- By me
- By my partner

I'd like to feed baby:

- Only with breastmilk
- Only with formula
- On demand
- On schedule
- With the help of a lactation specialist

I'd like baby to stay in my room:

- All the time
- During the day
- Only when I'm awake
- Only for feeding
- Only when I request

I'd like my partner:

- To have unlimited visiting
- To sleep in my room

If we have a boy, a circumcision should:

- Be performed
- Not be performed
- Be performed later
- Be performed with anesthesia
- Be performed in the presence of me AND/OR my partner

**As needed post-delivery, please give me:**

- Extra-strength acetaminophen
- Percoset
- Stool softener
- Laxative

After birth, I'd like to stay in the hospital:

- As long as possible
- As briefly as possible

If baby is not well, I'd like:

- My partner and I to accompany it to the NICU or another facility
- To breastfeed or provide pumped breastmilk
- To hold him or her whenever possible