

# Birth Plan



## EXPECTANT MOTHER INFORMATION

I have considered my options for my labor and birth. I have checked the options that I prefer. I recognize that situations may arise that may necessitate a change in these options. Please discuss these considerations with my partner and me so we may make informed decisions. Thank you for taking the time to consider our requests; we truly appreciate your assistance in making this a memorable experience.

Name : \_\_\_\_\_

Care Provider : \_\_\_\_\_ Due Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone : \_\_\_\_\_ Partner's Phone : \_\_\_\_\_

Location of Birth : \_\_\_\_\_

My delivery is planned as:     :    Vaginal    C-section    Water Birth    VBAC

## MY LABOR SUPPORT TEAM

Partner : \_\_\_\_\_ Doula : \_\_\_\_\_

Other Support : \_\_\_\_\_ Relationship : \_\_\_\_\_

Other Support : \_\_\_\_\_ Relationship : \_\_\_\_\_

Other Support : \_\_\_\_\_ Relationship : \_\_\_\_\_

## DURING LABOR - I WOULD LIKE...

- |                                                           |                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Music or sound playing           | <input type="checkbox"/> My partner to be present the entire time  |
| <input type="checkbox"/> The lights dimmed                | <input type="checkbox"/> Intermittent fetal monitoring             |
| <input type="checkbox"/> The room as quiet as possible    | <input type="checkbox"/> Use any and all positions during labor    |
| <input type="checkbox"/> As few vaginal exams as possible | <input type="checkbox"/> Massage and touch for comfort             |
| <input type="checkbox"/> As few interruptions as possible | <input type="checkbox"/> I would like to utilize the shower / tub  |
| <input type="checkbox"/> To eat and drink                 | <input type="checkbox"/> I would like my water to break on its own |

## PAIN MANAGEMENT - I PLAN TO...

- |                                                                                                                                                                |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Labor and give birth with little to no intervention, so please do not offer pain medication. I will let you know if I change my mind. | <input type="checkbox"/> Epidural anesthesia                                                            |
| <input type="checkbox"/> Narcotic pain medication given into my IV if safe for me and my baby.                                                                 | <input type="checkbox"/> To make these decisions as I progress through labor, keeping all options open. |

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## PUSHING & BIRTH PREFERENCES

- I prefer to "labor down," pushing spontaneously only when the urge is present.
- I plan to use a variety of positions for pushing, such as semi-sitting, squatting, legs supported, hands and knees, sheet pull, and/or dangle. Please do not require me to lie flat on my back for pushing.
- I want to avoid an episiotomy; I understand that a "natural episiotomy" (tear) may occur.
- Perineal massage and/or warm packs to the perineum to aid in stretching.
- My husband/partner would like to cut the umbilical cord; please wait for at least 2 minutes or until it has stopped pulsating.

## IMMEDIATELY AFTER BIRTH

- I would like to have the baby placed on my abdomen, skin-to-skin, immediately after birth.
- I plan to breastfeed as soon as possible after birth: baby-led breastfeeding.
- I plan to bottle feed my baby.
- I would like the baby to remain with me/us and newborn care to be done in my room.
- I do not plan to have any newborn medications given to my baby.
- I plan to have my baby given the medications I have checked below. Please do not give them prior to one to two hours after birth (check only the ones you want given).
- Vitamin K     Erythromycin     Hep B Vaccine

## CIRCUMCISION

- I do not plan to have my baby circumcised.
- I plan to have the circumcision done in the hospital prior to discharge with pain relief for the baby.
- I plan to have my baby circumcised after discharge from the hospital.

## CESAREAN BIRTH

- I prefer to have my partner and my doula present for the cesarean.
- I prefer to be awake for the cesarean. I would like to see and hold my baby (if possible) in the delivery room.
- If it is necessary for my baby to go to the nursery, I prefer my partner go with the baby, and my doula remain with me.
- I prefer to have my baby in the recovery room with me.

## OTHER PREFERENCES

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