

# My Birth Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Name:

Partner's name:

Doctor's or midwife's name:

Today's date:

This birth plan is a guide for my labor and delivery. Since childbirth does not always go as planned, some of this birth plan may change.

## Place and People

I would like to deliver my baby:

In a hospital:

(Name, phone number)

In a birthing center:

At home

I would like my baby to be delivered by:

My family doctor:

(Name)

My obstetrician:

My midwife:

My perinatologist:

I'd like these people to be with me during labor and birth:

Partner:

(Names)

Friend(s):

Family:

Doula:

## **During Labor**

I'd like to be able to go back home if I'm not in active labor.

After I've been admitted, I'd prefer:

To eat if I wish to.

To drink clear fluids instead of having an IV.

To walk and move around if I can.

I'd like to try:

A birthing chair.

A birthing stool.

A squatting bar.

A birthing tub or pool.

When the time comes to push, I'd like to:

Be coached on when to push and for how long.

Push when I feel I need to (instinctively).

I'd prefer to use the following position(s):

Half lying down (semi-reclining)

Squatting

Lying on my side

Whatever feels best at the time

I'd like to use the following for pain management:

Acupressure

Breathing techniques

Self-hypnosis

Massage

Medicine

Other:

Please do not offer me pain medicine. I'll ask for it if I need it.

If I decide to use medicine for pain, I prefer:

Epidural anesthesia.

Local anesthesia.

Pudendal or paracervical block.

An opioid.

## **Birth**

I would like to:

Take all possible steps to avoid an episiotomy.

View the birth using a mirror.

After the birth, I'd like to:

Hold my baby right away, before any procedures that are not urgent.

Breast-feed as soon as possible.

Have my partner cut the umbilical cord.

## **C-Section**

If I have a C-section, I:

Would like to see my baby coming out.

Would like my partner present during the operation.

## **After the Birth**

After delivering the baby, I'd like to:

Have my partner be with the baby whenever I can't be.

Stay in a private room.

Have my partner stay with me in my room.

Breast-feed only.

Bottle-feed with formula only.

Please offer my baby:

Formula.

Pacifier.

Nothing without my permission.

I'd like my baby to be:

In my room 24 hours a day.

In my room only when I'm awake.

With me only for feeding.

With me based on how well I feel at the time.

If I have a baby boy:

I'd like him circumcised at the hospital.

I'll have him circumcised later.

I will not have him circumcised.

I'll decide about circumcision later.