

YOUR BIRTH PLAN

A birth plan is a useful tool to help inform the hospital staff of your preferences for the labor and delivery of your baby. Use the following checklist as a guide to develop your personal birth plan. Please share your preferences with your health care provider and labor partner.

ENVIRONMENT

- Dim lights
- Soft music
- Wear my own clothes
- Hospital gown

PREPARATION PROCEDURES AND LABOR

Monitoring may be intermittent or continuous depending on clinical circumstances.

- Free to walk and move around
- Clear fluids and ice chips available at all times (standard practice)
- No IV unless necessary
- Minimal vaginal examinations (standard practice)

PAIN RELIEF REQUESTS

- Hot/cold packs
- Relaxation
- Shower or bath tub
- Breathing techniques
- Movement (walking, swaying, rocking)
- Meditation
- Nitrous Oxide
- Epidural or spinal anesthesia
- IV pain meds
- I will try without any pain medication
- I will wait and see how I feel before deciding on pain medication

I WILL MAKE ARRANGEMENTS FOR

- Massage by partner/support person
- Other

SUPPORT PEOPLE PRESENT AT BIRTH*

At mother's discretion and according to provider protocol. Limit to two people, according to hospital guidelines. If you would like more people present, please talk with your provider.

- Partner
- Friend(s)
- Relative(s)
- Labor assistant/doula

*refer to current COVID-19 visitor restrictions

LABOR PREFERENCES

- Birthing stool
- Birthing tub
- Squatting bar
- I would like a mirror available so I can see the baby's head crown
- I would like to touch my baby's head as it crowns
- I would like to have the baby placed skin-to-skin immediately after birth

CESAREAN

- Name of person who will be present during operation (limited to one) _____
- Family centered cesarean section

PLACENTA

- Cord blood collection (I will provide kit and discuss with OB provider during clinic visit)
- I'd like to see it

CORD-CUTTING REQUESTS

- Partner cuts cord
- I would like to cut the cord
- Neither
- Other family member

NEWBORN CARE

Feeding baby:

- Breast
- Bottle
- Both

Pacifier:

- Yes
- No

Separation:

- No separation
- Partial rooming
- Nursery

Circumcision:

- Yes
- No

Hospital stay:

- Short as possible
- Long as possible