

My Birth Plan

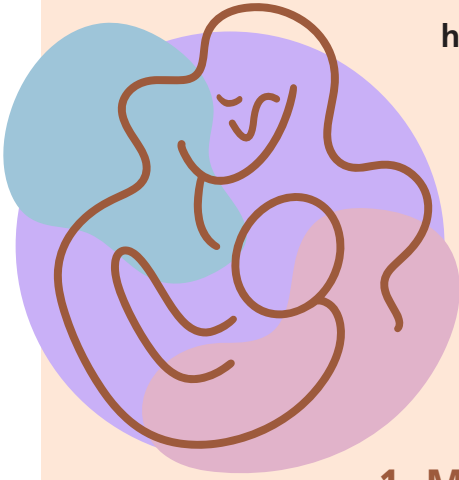
5 topics to discuss with your doctor

Your personal birth plan is important to us. This form will help you have a meaningful conversation with your healthcare provider about the birthing experience you want.

Please remember that every birth is unique and not all birth experiences go according to plan. Your safety and the safety of your baby may require an unexpected change to your birth experience; however, we will do everything in our power to honor your wishes.

your name _____

due date _____



1. My Labor Stay

- I do not want to be separated from my partner during labor or birth.
- I would like other persons to attend my labor: _____.
- I have hired a doula to be with me during labor.
- I would like to walk around — moving is important to me.
- I would like fetal monitoring at all times.
- I would like only periods of fetal monitoring, as guided by my healthcare provider(s).
- I would like to receive continuous IV fluids during labor.
- I do not want to receive continuous IV fluids during labor. I do want my medical team to obtain IV access upon admission, in case of an emergency.
- I would like to eat, as allowed, until I am in active labor (6 cm. dilated).

2. Pain Management

- I would like to use hot or cold compresses for comfort.
- I would like to labor in the shower or tub for comfort.
- I would like the lighting in my room to be dim during labor.
- I would like to use music therapy. I will bring my own music to play during labor.
- I would like to use aromatherapy. I will bring my own flame-free source with me.
- I would like to labor without pain medication.
- I would like to try IV pain relief (medication) during early labor.
- I would like an epidural.



3. Tools to Help My Labor

I would like to use these tools to help me in labor:

- Birthing Ball
- Squat Bar
- Peanut Ball
- Birthing Stool



4. Labor Augmentation (Stimulation)

- I would prefer my labor not to be stimulated, unless indicated.
- My doctor or midwife may stimulate my labor.

5. When My Baby Arrives

- I would like a mirror present to view my baby's birth.
- I would like to be able to touch my baby's head as it crowns.
- I would like to avoid an episiotomy, unless medically indicated.
- I would like my partner to cut the umbilical cord.
- I would like my baby to be brought to my chest for skin-to-skin contact at delivery.
- I would like cord clamping delayed, if at all possible, until the cord stops pulsating.
- I would like to begin to breastfeed right after my delivery.
- I would like to take my placenta home.



Other Requests:

I know that these birthing plan choices will depend on my condition, and that of my baby. If I change my mind about any of my choices while in labor, I will tell my healthcare team. I also know that, if I agree to induction or stimulation of labor, my birth plan may need to change for the safety of myself and my baby.

I have discussed this birth plan with my physician/midwife.

Signature: _____ Date: _____

Physician/Midwife Signature: _____ Date: _____



PATIENT STICKER