

# My Birth Plan

A birth plan helps you consider your options for labor and the birth process. This plan will also help you outline your preferences with your health care team. When the time comes, it's also a good way to remind yourself of the decisions you made before going into labor. You should discuss this form with your doctor and your family members.

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

Primary care provider: \_\_\_\_\_

OB/GYN: \_\_\_\_\_

Midwife/Doula: \_\_\_\_\_

Other health care provider: \_\_\_\_\_

Where I plan to deliver: \_\_\_\_\_

Phone: \_\_\_\_\_

Backup hospital (if relevant): \_\_\_\_\_

Phone: \_\_\_\_\_

Partner or labor coach: \_\_\_\_\_

Has medical power of attorney? Yes / No

Other emergency contact: \_\_\_\_\_

In case labor induction is considered:

- Unless medically necessary, I prefer not to induce labor until two weeks after my due date.
- If my water breaks before contractions start, I prefer to wait at least 12 hours before inducing.
- If inducing or augmenting labor becomes necessary, I'd like to try the following techniques (and have made arrangements in case I need a special practitioner): (Check as many as you like, or number them in the order you'd like to try each.)
  - stripping the membranes
  - cervical dilators
  - acupuncture or acupressure
  - prostaglandins (cervidil, Cytotec®)
  - castor oil or other laxative
  - oxytocin (Pitocin®, Syntocinon®)
  - other herbal remedies
  - breaking amniotic sac (artificial rupture)
  - homeopathic solutions
- I plan to have my labor induced. Tentative date: \_\_\_\_\_

Create a birth plan that's right for you.

## Labor and delivery

Access for family and friends

I prefer not to be separated from my partner at any point during labor or birth.

I'd like the following people to be present during labor and delivery:

\_\_\_\_\_ relationship: \_\_\_\_\_

\_\_\_\_\_ relationship: \_\_\_\_\_

\_\_\_\_\_ relationship: \_\_\_\_\_

I'd like my other children to be able to visit me and the baby in the hospital.

I prefer not to have medical students or other non-essential people present during my labor or birth.

During the labor and birth, my partner and I would like to  take photos  make video recordings

## Room and personal style

I'd like the room as quiet as possible.

I'd like the lights in the room to be kept low.

I'd like to be able to eat and drink during labor.

I'd like to bring my own music.

I'd like to wear my own clothes.

I'd like to wear my contact lenses or glasses at all times when awake.

## Mobility

I'd like to be free to walk around during labor.

I'd like to be able to change position whenever I like.

I don't want an IV unless I become dehydrated.

If inserting an IV line is required, please consider a saline lock.

## Amenities and equipment

I'd like these amenities in the labor room, if possible. If they're not provided, please let me know so I can bring my own:

CD player  TV  VCR  reading light  other: \_\_\_\_\_

I'd like to have the following birthing equipment made available to me:

delivery table with stirrups

birthing bed

birthing stool

birthing chair

beanbag chair

squatting bar

birthing pool or tub

other: \_\_\_\_\_

## Other

I'd like to begin breastfeeding my baby immediately after birth.

