

My Birth Plan

Due Date: _____



Your Name: _____

Spouse/Partner's Name: _____

Others to be Present During Labor and Birth: _____

Childbirth Preparation/Education Method: _____

Doula/Birth Partner: _____

Pediatrician: _____

I understand that this document reflects my birth preferences, it is not a medical document, and that depending on the situation occurring, it may need to be altered for the safety of myself and my child. Ask your provider to review this with you and take it with you to the hospital when your labor begins.

My delivery is planned as:

- Vaginal delivery
- C-section
- VBAC

During labor, I prefer:

- Music played
- Dimmed lights
- Quiet room
- As few interruptions
- As few vaginal exams
- Peanut ball
- My partner to be present at all times
- Hydrate with clear liquids & ice chips

During the 1st stage of labor, I prefer:

- Standing
- Laying down
- Walking around

Comments: _____

For fetal monitoring, I prefer:

- Continuous
- Intermittent

I understand that if I am to be induced or need Pitocin started, continuous monitoring must be implemented.

If I need labor augmentation, I prefer:

- Pitocin
- Artificial rupture of membranes
- Both

Comments: _____

I am planning to collect Cord Blood

- No
- Yes
 - Donation
 - Tissue
 - Blood

Company: _____

For pain relief, I prefer:

- IV medications
- Epidural
- Only what I request at that time
- Whatever is suggested
- Nothing, please do not suggest epidural

Comments: _____

For delivery position, I prefer:

- Laying on back (regular position)
- Laying on side
- Hands and knees
- Using birth bar
- Squat

Comments: _____

I understand that an epidural or inability to monitor the baby appropriately may require a different position than I prefer.

As the baby delivers, I prefer to:

- Be directed on pushing
- Push spontaneously
- Use a mirror to see the baby crown
- Let the epidural wear off while pushing
- Have a full dose of epidural
- Touch the head as it crowns
- Use mineral oil/lubricants

If I require assistance at delivery,
I prefer:

- Episiotomy
- Operative delivery with forceps/vacuum
- Cesarean section
- No preference

Immediately after delivery, I prefer:

- Delayed cord clamping
- Skin to skin
- My partner to cut the cord
- Baby to go to the warmer
- Other: _____

Comments: _____

I understand that at Sibley, delayed cord clamping and skin to skin immediately after birth are standard. However, implementation is deemed by the pediatrician/doctors depending on the condition of the baby. Likewise, for cutting the cord, my partner may not be able to if the baby must be evaluated immediately.

I would like to hold baby:

- Immediately after delivery
- After suctioning
- After weighing/measurements
- After being wiped clean and swaddled

Comments: _____

I prefer baby's medical
exams/procedures:

- Given in my presence
- Given in my partner's presence

Comments: _____

I prefer my baby's first bath be given:

- In my presence
- In my partner's presence
- By me
- By my partner

Comments: _____

For the placenta, I prefer:

- To look at it before it is discarded
- To take it home with me
- To have it discarded

I understand that the placenta may need to be sent to the lab if the provider deems it necessary.

If a C-section is necessary, I prefer:

- All other options have been exhausted
- Explanation of risks/benefits and indication for the procedure
- My partner to hold the baby ASAP
- Breastfeed in the recovery room

I understand that my partner will be allowed in the operating room as long as there are no complications. I understand that delayed cord clamping is implemented standardly during C-section, unless the pediatrician needs to assess the baby immediately.

I would like to breastfeed:

- As soon as possible after delivery
- Later after resting
- I prefer to bottle feed

Comments: _____

I would prefer the baby not to receive:

- Vitamin K shot
- Antibiotic eye ointment/drops
- Formula
- A pacifier

Comments: _____

I would like to feed baby:

- Only with breastmilk
- Only with formula
- On demand
- On schedule
- With the help of a lactation consultant

Comments: _____

If we have a boy, circumcision should:

- Be performed
- Not be performed

Comments: _____



Signature: _____ Date: _____