

Personalized Birth Plan

We want your birth experience to be perfect for you. Our customizable birth plan will assist you in selecting your preferences for before, during, and after you give birth, and we will communicate those desires to your labor and delivery team. It's important that you review this plan with your physician or midwife prior to labor as some of the items may require an order from them. We encourage you to discuss this plan with your support person so they are aware of your wishes as well. Know that if changes need to be made to this plan for your safety or the safety of your baby, we will discuss these with you and your support person. We're here to support you during this special time.



Mom's Name: _____

Doctor's Name: _____

Support Person/Coach Name: _____

Due Date or Induction Date: _____

LABOR

I would like the following people present (if visitor guidelines permit):

- Support Person/Coach: _____ Doula: _____
 Midwife: _____ Parent: _____
 Sibling: _____ Other: _____

Would you be open to allowing medical students to view the birth? YES NO

Delivery room preferences:

- | | YES | NO |
|---------------------------------------|--------------------------|--------------------------|
| Dimmed Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of essential oils or oil diffuser | <input type="checkbox"/> | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | <input type="checkbox"/> |
| Video or photography allowed | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking with physician approval | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat with physician approval | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimal vaginal exams (or checks) | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimal interruptions | <input type="checkbox"/> | <input type="checkbox"/> |

I would like help with my labor:

- Only if the baby is in distress
 Performed with Pitocin (a medication used to induce labor)
 After natural methods have been attempted
 Performed with prostaglandin gel (a gel that helps prepare the cervix for labor)
 Performed by rupture or stripping of the membrane

During labor, I would like the option to:

- | | YES | NO |
|---------------|--------------------------|--------------------------|
| Walk around | <input type="checkbox"/> | <input type="checkbox"/> |
| Stand up | <input type="checkbox"/> | <input type="checkbox"/> |
| Lie down | <input type="checkbox"/> | <input type="checkbox"/> |
| Use equipment | <input type="checkbox"/> | <input type="checkbox"/> |

Check all preferred Birth Ball Peanut Squat Bar

DELIVERY

Birth Positions:

- Squatting
- Leaning on my support person/coach
- On my hands and knees
- Lying on my side
- Using foot pedals or birth bar
- Semi-reclining

Pushing Options:

- Only when feeling a contraction
- Be coached on when to push and for how long

Pain Management Preferences:

- Standard epidural
- Medication to reduce pain, but still feel labor
- Breathing techniques
- I will request pain medication
- Massage

As baby is delivered, I would like:

- Use mirror to see baby
- Give birth without an episiotomy
- Leave vernix on baby
- Touch baby as head crowns
- Avoid forceps and/or vacuum extraction, unless medically necessary
- An uninterrupted golden hour with baby
- Delay cord clamping

If an unplanned C-Section is necessary, I would like:

- All of the other options to be exhausted
- An epidural as anesthesia
- My support person/coach to remain with me
- Clear drape to see the birth
- Baby placed on me as soon as possible

Immediately after delivery, I would like:

- Bank my baby's cord blood
- Support person/coach to cut umbilical cord (not available for c-section births)
- Take placenta home

POSTPARTUM

After delivery, I would like for baby:

- To be wiped down and swaddled
- To be wiped down on my chest and placed skin-to-skin

For pain management after deliver, I would like:

- Extra-strength acetaminophen
- Stool softeners
- Narcotic pain medication
- Laxatives
- Motrin
- Any medication options my OB recommends

I would like to breastfeed:

- As soon as possible
- In combination with formula-feeding
- With the help of a lactation consultant

BABY CARE

If I have a boy, I would like him to be:

Circumcised while at the hospital

Circumcised at a later date

Not circumcised

I would like for my baby to receive:

YES

NO

A heel stick for screening test beyond the PKU

Formula

Pacifier

A hepatitis B vaccine

Do you have any other requests that we should be aware of?

We will refer to your birth plan throughout your birth experience. Please remember that you are free to change your birth plan at any time.

Provide your completed birth plan to your doctor at least three weeks before your due date.

Mom's Signature

Date

Support Person/Coach Name

Date