

BIRTH PLAN FOR \_\_\_\_\_

DUE DATE \_\_\_\_\_

*The midwives would like to make your birth experience as positive and personalized as it can be. To help, please give some thought to what is important to you during the birth process and then fill out this form. This is not meant to be a contract or a list of demands but a way of communicating your values, preferences and concerns. It will be used as a guide to discussion during pregnancy and is a quick reference for the midwives and hospital personnel during your labor and birth.*

## LABOR AND BIRTH PLAN

1. Who will accompany you in labor? \_\_\_\_\_
2. What can I do to make the birth experience enjoyable for you and your support person?  
\_\_\_\_\_
3. Describe the atmosphere that would make you the most comfortable in labor, for example: birthing room, dim lighting, soft music, quiet voices, walking or showering during labor, if possible, etc.
4. Describe your feeling toward:
  - Continuous fetal monitoring \_\_\_\_\_
  - IV's \_\_\_\_\_
  - Artificial rupture of membranes \_\_\_\_\_
  - Positioning during labor \_\_\_\_\_
  - Pain medications \_\_\_\_\_
  - Epidural anesthesia \_\_\_\_\_
  - Water Labor \_\_\_\_\_
  - Induction of labor \_\_\_\_\_
  - Episiotomy \_\_\_\_\_
  - Use of Pitocin after delivery \_\_\_\_\_
5. What things do plan to bring from home? (Please check)     Camera     Camcorder     Ipod  
 CD player w/CD's     Comfort Items: Pillow, Blanket, Clothing, Lotion, Lip Balm     Boppy  
 Aroma Therapy     Garden Kneeler     Inflatable Pillow     Massage Oil     Pillow
6. Hospital items you would like to use: They provide toothbrush, lotion, soap, shampoos, pads, panties and a peri-bottle. You may wish to bring your own nightgown, slippers, bra, socks and baby clothes.
7. If you have any preference for the following please circle it:
  - MEDICATIONS/ANALGESIA (Nubain) – (please circle)    NONE    5mg    10mg
  - ROUTINE USE OF PITOCIN TO PREVENT HEMMORHAGE AFTER DELIVERY (please circle)    Yes    No
  - EPIDURAL
  - MIRROR FOR SEEING BIRTH
  - BABY PLACED ON TUMMY IMMEDIATELY AFTER BIRTH/KANGAROO CARE
  - DELAYED CORD CLAMPING
  - BABY TO BE WASHED BEFORE PLACED IN YOUR ARMS
  - SUPPORT PERSON TO HOLD BABY
  - PRIVATE TIME WITH YOUR BABY AND FAMILY
  - FOOD/DRINK FROM HOME TO CELEBRATE (For example: cake, wine, etc.)
  - FAMILY MEMBERS TO GIVE BABY FIRST BATH
  - MOM OR SUPPORT PERSON TO CUT UMBILICAL CORD
  - BABY IN ROOM WITH MOM – (please circle)    As little as possible    As much as possible
  - BREAST FEEDING BABY AS SOON AS POSSIBLE AFTER BIRTH

8. Do you have any concerns or fears about labor? If so, what? \_\_\_\_\_

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9. Insurance usually covers two days for a vaginal birth or three days for a cesarean birth.

Would you prefer to go home early?  If YES, How soon? \_\_\_\_\_  NO

10. Who will be your baby's doctor? \_\_\_\_\_

Is your baby covered under your insurance?  YES  NO

11. Make sure that you register your baby with your insurance provider as soon after the birth as possible.

12. Have you spoken with or interviewed your pediatrician regarding your wishes?  YES  NO

13. Areas of baby care you would like some assistance with while you are in the birthing suite. (Please check)

Feeding  Comforting a crying baby  Bathing  Stimulating the baby  Discovering your baby

14. Do you have any concerns or fears about caring for your baby? If so, what? \_\_\_\_\_

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15. Do you understand the risks/benefits of circumcision?  YES  NO

16. Will your baby be circumcised?  YES  NO

17. Do you understand the newborn medications offered in the hospital?  YES  NO

Do you want the baby to receive the following?

**Hepatitis B** -  YES  NO      **Erythromycin** -  YES  NO      **Vitamin K** -  YES  NO

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## PLANS FOR WHEN YOU GO HOME

1. Who will be with you during the first few days at home? \_\_\_\_\_

2. How would you like this person to help you?

Housework  Cooking  Errands  Help caring for the baby  Help with other children

3. Do you have the following ready for the baby?      Clothes, diapers, car seat, name, crib, room, etc.

4. Do you have a name chosen? \_\_\_\_\_

5. What do you plan to use for birth control following your delivery?

NONE       Natural family planning       Foam       Condoms       Diaphragm  
 Pills       Tubes tied/Sterilization       Shot       Norplant       IUD  
 Undecided       Husband having vasectomy       Would like help deciding.