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MY BIRTH PLAN

Patient Name: ..... Due Date: ... / ... / ...

Physician/Midwife Name: .....

Where I want to give birth:

☐ Hospital ☐ Birthing Center ☐ At Home ☐ Undecided

Name or address of birth location: .....

Visitors:

The person/people I would like present during my delivery are:

.....

Relationship to you: .....

I have chosen a doula to assist me in the birthing process. ☐ Yes ☐ No

Doula Name: .....

I would like my other children to attend this birth. ☐ Yes ☐ No

In the event of a cesarean birth, I would like ..... (limit 1) to attend.

Pediatrician:

I have chosen my own. ☐ Yes ☐ No

Pediatrician Name: .....

I need a referral for a pediatrician. ☐ Yes ☐ No

My delivery is planned as:

- ☐ Vaginal
- ☐ Cesarean
- ☐ Waterbirth
- ☐ VBAC (vaginal birth after cesarean)

Please note that I have:

- ☐ been previously diagnosed with genital herpes
- ☐ Rh incompatibility with baby
- ☐ group B strep
- ☐ gestational diabetes
- ☐ a fear of needles
- ☐ experienced prior assault or birth trauma

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Comfort Measures:

Shower	Yes	No
Jacuzzi/Warm tub soak	Yes	No
Counter pressure against lower back	Yes	No
Structured breathing patterns	Yes	No
Use of birthing ball/peanut ball	Yes	No
Visualization	Yes	No
Meditation	Yes	No
Massage	Yes	No
Hypnotherapy	Yes	No

Other (please specify) .....

Positions in Labor:

- Walking
- Leaning into bed from standing
- Side lying
- Standing
- Slow dancing with partner
- Squatting
- Pelvic rocking
- Sitting on birthing ball
- Hands and knees

I'd like fetal monitoring to be:

- Continuous
- Internal
- Performed only by doppler
- Intermittent
- External
- Performed only if baby is in distress

Pain Relief Options:

- Nitrous oxide
- Analgesic medication
- Epidural
- Acupressure
- Acupuncture
- Breathing techniques
- Cold/hot therapy
- Hypnosis
- Meditation
- Massage
- Reflexology
- TENS Unit
- I'd like to keep my options open
- I would prefer an unmedicated delivery

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Birthing Equipment:

- [ ] Beanbag
- [ ] Birthing ball
- [ ] Mats
- [ ] Stool
- [ ] Pool
- [ ] TENS machine
- [ ] None of the above
- [ ] I will bring my own
- [ ] I'm not sure if I want to use these yet
- [ ] To be provided if available

During birth, I'd like:

- [ ] The lights to be dimmed
- [ ] The use of my own music
- [ ] To have pictures taken
- [ ] To have the birth video taped

Episiotomy:

- [ ] Not performed, even if it means risking a tear
- [ ] Performed as my doctor deems necessary
- [ ] Only after perineal massage, warm compresses and positioning

Following Delivery:

- [ ] Immediate skin-to-skin contact
- [ ] I'd like my partner to hold them first
- [ ] Baby placed on warmer and cleaned
- [ ] I don't mind

Specific requests: .....

Umbilical Cord Considerations:

- [ ] Myself or my partner would like to cut the cord
- [ ] I'd like the cord cut after it stops pulsating
- [ ] I'd like to bank the cord blood
- [ ] I'd like to donte the cord blood

Feeding my Baby:

- [ ] Breastfeeding
- [ ] Bottle feeding
- [ ] Mixture
- [ ] I'm not sure

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Placental Delivery:

- [ ] I'd like an assisted delivery
- [ ] Let it deliver naturally
- [ ] Please dispose of it
- [ ] I'd like to keep the placenta
- [ ] I'd like to see it before disposing
- [ ] I'd like to donate it

If you'd like to keep the placenta, have you arranged for collection?

- [ ] Yes
- [ ] No

Circumcision:

- [ ] I would like my son circumcised

Vitamin K:

- [ ] I consent to Vitamin K being given to my baby
- [ ] I do not consent

Special Requirements:

- [ ] I will need an interpreter as English is not my primary language
- [ ] I will need a sign language interpreter
- [ ] I have special dietary requirements
- [ ] I and/or my partner have special needs
- [ ] I would like certain religious/cultural customs observed (give details below)

Additional Comments:

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Notes: