

# MY BIRTH PLAN

Name: \_\_\_\_\_  
Expected Due Date: \_\_\_\_\_

Doctor/Midwife & Contact #: \_\_\_\_\_  
Pediatrician & Contact #: \_\_\_\_\_

## FOR LABOR

I would like the following people to be present during labor and/or birth:

Name:	Relation:
_____	_____
_____	_____
_____	_____
_____	_____

I prefer the atmosphere to be:

- Quiet and as few interruptions as possible
- Light dimmed
- Few vaginal exams as possible
- Limited staff (No students, interns, residents etc.)
- To wear my own clothes
- I would like a mirror to view my birth
- I would like to touch my baby's head as it crowns
- To eat and drink as approved by my doctor
- To stay hydrated with: \_\_\_\_\_
- Photographed or filmed by: \_\_\_\_\_
- Other requests: \_\_\_\_\_

## PAIN MANAGEMENT

Pain relief method(s) I prefer:

- Do not offer pain medication unless I request it
- I'd like to use alternative medicine like breathing, massage etc.
- I'd like to be advised by my doctor/midwife
- Entonox  Pethidine  Birthing Pool  TENS  Epidural
- Other: \_\_\_\_\_

## DURING DELIVERY

Delivery planned as:  Vaginal  C-section  VBAC  Water Birth

Labor/delivery position(s) I prefer if possible:

- Standing  Squatting  Kneeling  Sitting
- In bed  Side-lying  Birth Stool  Birth ball
- Other: \_\_\_\_\_

I prefer the following props to have available for my labor:

- Birth ball  Squat bar  Birth stool  Other: \_\_\_\_\_

Fetal monitoring:  Intermittent  Continuous  Other: \_\_\_\_\_

Episiotomy:  Yes  Only if it is medically necessary

If my baby needs to be separated due to medical care, I would like \_\_\_\_\_ to accompany him/her.

## IMMEDIATELY AFTER DELIVERY

Cord clamping:  Delayed for \_\_\_ minutes  Cord stops pulsating

Umbilical cord to be cut by: \_\_\_\_\_

Sex of my baby to be announced by: \_\_\_\_\_

## POSTPARTUM / NEWBORN CARE

I would prefer my baby:

- to have skin-to-skin contact before bathing and measuring
- to be wiped clean before given to me

I would prefer to deliver the placenta:

- Naturally  Managed with an injection

I would like cord blood handled as follows:

- Collected, as pre-arranged by a member of staff
- Collected, as pre-arranged by a specialist
- Not collected

Medications for my baby:

- Erythromycin eye ointment
- Hepatitis B vaccine
- Vitamin K
- Please ask me first before any medication is given to my baby

I plan to feed my baby by:

- Breast  Pumped breast milk  Formula

If my baby is a boy:

- I want my baby to be circumcised
- I do not want my baby to be circumcised

## IMPORTANT HEALTH INFORMATION

Group B Strep:  Not tested  Positive  Negative

Gestational Diabetes:  Not tested  Positive  Negative

Rhesus (RhD) Negative Blood:  Yes  No

Other Pregnancy Health Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities/ impairments that could affect the birth process: \_\_\_\_\_

Religious considerations: \_\_\_\_\_

Other Notes: \_\_\_\_\_