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BIRTH PLAN

This is the birth plan for _____, due on _____.

A. Location and Support.

1. I would like to give birth at the following hospital: _____.

2. My midwife's name is _____.

3. I will be using a doula named _____ to support me during my labor.

B. Delivery Method.

4. I plan on having a Vaginal birth.

C. Labor.

5. For the first stage of labor, I have the following preferences:

-- I would like to labor standing up

-- the baby should be monitored via continuous monitoring

-- labor augmentation only if it is absolutely necessary

-- I would like to be given pitocin to progress my labor

-- I would like the medical team to rupture or strip the membranes if it will progress labor

-- I would like the the following method(s) of augmentation be used:

_____

6. For pain management, I would like an epidural.

7. During labor, I would like to:

-- play my own music

-- have the room as quiet as possible

-- wear my own clothes

-- have as few vaginal exams as possible

-- stay hydrated with clear liquids and/or ice chips

D. Delivery.

8. I would like to deliver in a squatting position.

9. I would like to be coached on when to push.

10. I would like to see the baby crown.

11. I would like my support person(s) or another designated individual to take pictures of the birth.

12. I would like my support person to catch the baby.

13. I would like my support person to suction the baby.

14. I understand that a C-Section may become necessary. If that is the case, I would like a second opinion to be sure that there are no other options. I have the following preferences about a medically necessary c-section:

-- I would like to remain conscious during the procedure

-- I would like the support person of my choice to remain during the procedure

-- I would like the screen lowered so I can watch

-- I would like my hands free to touch the baby once it is born

-- I would like the procedure explained to me as it happens

15. I have the following preferences about the umbilical cord:

-- I would like my support person to cut the umbilical cord.

-- I would like to bank the cord blood.

16. I would like for the placenta to be saved for later use.

E. Baby Medical Procedures.

17. I would like my baby's initial medical exam to be given in my presence.

18. I would like my baby's initial medical exam to occur after I have had a chance to bond with the baby.

19. I would like my baby's medical exam to include the following procedures(s):

-- A heel stick procedure

-- A hearing screening test

-- A hepatitis B vaccine

20. I would like my baby to be circumcised as soon as possible after birth.

21. I would like my baby to be given anesthesia during the circumcision procedure.

22. I would like my baby's circumcisions to happen in my presence.

F. After Birth.

23. I would like to hold my baby as soon as possible after delivery.

24. I do plan to breastfeed and have the following preferences about breastfeeding:

-- I would like to breastfeed on a to be determined schedule

-- I would like to consult with a lactation specialist

25. I would like my baby in the room with me all the time, including both day and night.

26. I would like any visitors to come join me in my room immediately after delivery.

I have made a living will or designated a health care power of attorney that I would like my birth team to be made aware of and that paperwork will be attached to my birth plan.

SIGNED,

_____
_____, *Birthing Parent*

DATED: _____