

What is your name?: ___

Important people I would like at my birth:

Birth plan

Giving birth to your child will be one of the most memorable and cherished days of your life.

Creating a birth plan is one way families can prepare for their child's birth and communicate their vision for baby's arrival with their health care provider.

Realize that birth is unpredictable and birth plans are meant to be guidelines. Most important, think about how you would like to welcome your baby into your family. It is important for you to be informed and plan ahead for some of the decisions you will be making. Your provider wants to know what is important to you so be sure to review your plan with him or her.

E-mail address?:
What is your support person's name and relationship to you?:
When is your due date?:/
Name of your health care provider?:
Place of birth?:



Remember that your birth plan is a First Stage Second Stage communication tool to indicate your desires Care requests are dependent on stage of Pushing: for a positive birth experience. Keep in labor or well being of mom and/or baby: mind that you have the right to change ☐ Choice of positions (Certain positions your options as labor progresses. Think **Environment:** are better for encouraging a baby to about how you prefer your loved ones and come down.) I prefer my room to include the following: support persons to work with you during the ☐ Spontaneous bearing down (Listening ■ Dim lights birth. While some of us like a great deal of to your body and pushing.) ☐ Peace and quiet soothing, verbal praise and support, others ☐ Directed pushing (Being told to push at prefer quiet and nonverbal support. You ■ My own playlist of music certain times.) may not know which you prefer till you are ■ Wear my own clothes ☐ Squat/birth bar if available actually in labor. Think of ways you may ☐ Other (Please specify): (This goes across the top of the bed, want to communicate your wishes to your allowing you to lean on the bar as labor support team. opposed to relying on people or foot pedals or stirrups.) Additional Comments: I plan to work with my labor by: Mobility: **Baby Care** ☐ Maintain mobility (walking, rocking, up to bathroom, etc.) Cord Cutting: ■ Mobility not important. ■ Support person to cut cord Monitoring: ■ Support person to NOT cut cord Monitoring as needed Mother/Infant: ☐ Continuous monitoring ☐ Plan for my support person to stay with ■ No preference me throughout my hospital stay Labor Progress: Feeding Baby: ☐ I prefer to try natural methods to ■ Breast feeding stimulate labor (nipple stimulation, ■ Formula feeding walking, etc) before using medication doctor's appointment so you can review it together Circumcision: before your hospital stay. **Comfort Measures** □ No (Check as many as you prefer): ☐ Yes Non-Medicinal Other Baby Care Requests: Walking ■ Determine who will wear 2nd ID band Relaxation (typically mom wears one band and Positioning support person wears 2nd band) ■ Water (Shower or tub) ■ Any special cultural, religious or other ☐ Heat or cold therapy special requests to welcome your baby into the world ■ Massage/acupressure (assisted by support person) ☐ Other (please specify) ■ Birthing ball Medication

07/19

Complications & Cesarean Birth

☐ Screen lowered to view birth

☐ Breastfeeding as soon as possible

■ Support person present

☐ Other (please specify):

Pictures

■ Nitrous Oxide

■ Nubain

Epidural

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Pain Relief Offers:

☐ I am aware of pain medication

Offer as soon as possible

options; I prefer not to be offered pain

medication under any circumstances

I will ask for pain medication if needed