My Birth Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Name:	Partner's name:
Doctor's or midwife's name:	Today's date:
This birth plan is a guide for my labor and delivithis birth plan may change.	very. Since childbirth does not always go as planned, some of
Place and People I would like to deliver my baby:	
In a hospital:	(Name, phone number)
In a birthing center:	
At home	
I would like my baby to be delivered by:	
My family doctor:	(Name)
My obstetrician:	
My midwife:	
My perinatologist:	
I'd like these people to be with me during labor	r and birth:
Partner:	(Names)
Friend(s):	
Family:	
Doula:	

During Labor

I'd like to be able to go back home if I'm not in active labor. After I've been admitted, I'd prefer:
To eat if I wish to.
To drink clear fluids instead of having an IV.
To walk and move around if I can. I'd like to try:
A birthing chair.
A birthing stool.
A squatting bar.
A birthing tub or pool.
When the time comes to push, I'd like to:
Be coached on when to push and for how long.
Push when I feel I need to (instinctively).
I'd prefer to use the following position(s):
Half lying down (semi-reclining)
Squatting
Lying on my side
Whatever feels best at the time
I'd like to use the following for pain management:
Acupressure
Breathing techniques
Self-hypnosis
Massage
Medicine
Other:
Please do not offer me pain medicine. I'll ask for it if I need it.

If I decide to use medicine for pain, I prefer: Epidural anesthesia. Local anesthesia. Pudendal or paracervical block. An opioid. **Birth** I would like to: Take all possible steps to avoid an episiotomy. View the birth using a mirror. After the birth, I'd like to: Hold my baby right away, before any procedures that are not urgent. Breast-feed as soon as possible. Have my partner cut the umbilical cord. **C-Section** If I have a C-section, I: Would like to see my baby coming out. Would like my partner present during the operation. After the Birth After delivering the baby, I'd like to: Have my partner be with the baby whenever I can't be. Stay in a private room. Have my partner stay with me in my room. Breast-feed only. Bottle-feed with formula only.

Please offer my baby:
Formula.
Pacifier.
Nothing without my permission.
I'd like my baby to be:
In my room 24 hours a day.
In my room only when I'm awake.
With me only for feeding.
With me based on how well I feel at the time.
If I have a baby boy:
I'd like him circumcised at the hospital.
I'll have him circumcised later.
I will not have him circumcised.
I'll decide about circumcision later

