**BIRTH PLAN**

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| Name: **………………** |
| Partner's Name: ………………… |
| Doula/labor assistant: nurse, midwife |
| Due Date: …………………. |
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| Blood Type**: …………………….** |
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| Hospital where you plan to deliver: …………………. |
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| **Labor induction/augmentation** |
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| If I go past my due date if baby and I's health is not at risk, I would prefer to be induced  |
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| I would prefer to be allowed to try changing position and other natural methods (walking, nipple stimulation, enema, herbs) before Pitocin is administered. |
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| **Environment** |
| I would like the following to be present during labor and actual birth: Paul  |
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| I would like to be able to walk around, mobility is important to me.I would prefer a warm bath over walking. Please let me try that if I do not feel up to walking. |
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| **Preparation** |
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| I would like to be given an enema  |
| I would like to be able to have fluids by mouth throughout the first stage of labor. |
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| **Monitoring** |
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| I am comfortable using an internal monitor. |
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| **Anesthesia - Pain medication** |
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| I would prefer to try laboring without pain medication. I will ask if I would like something for pain. I would like gas and air and an epidural (low dose) |
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| **First Stage of Labor** |
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| I do not want to be separated from my partner during labor or birthI would like encouragement throughout labor. |
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| **Episiotomy** |
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| I would prefer an episiotomy rather than a tear.I would like a local anesthetic to repair a tear or an episiotomy. |
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| **Second Stage of Labor (pushing)** |
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| I would like to be able to touch baby's head when it crowns.I would like coach and/or nurse to support my legs when I push.I would like to be able to try any position comfortable during pushing.I would like counting to help me push. |
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| **After Birth** |
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| I would like to have baby placed on my chest immediately after birth.I would like to hold the baby while I deliver the placenta and any tissue repairs are made.I would like to cut the cord myself.I would like to wait on cutting the umbilical cord until it stops pulsating.My partner does not want cut the cord.I would like to have the baby evaluated and bathed in my presence.

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| Unless required for health reasons, I do not wish to be separated from my baby. |
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| **Cesarean Section** |
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| If a Cesarean delivery is indicated, I would like to be fully informed and to participate in the decision-making process.If c-section is necessary, I would like my partner presentI wish to have an epidural for anesthesia.I would like to touch baby after birth.I would like partner to hold baby after birth.I would like to breastfeed baby as soon as possible. |
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| **Breastfeeding** |
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| I plan to breastfeed the baby and would like to begin nursing very shortly after birth.I do not want my baby to have a pacifier.I do not want my baby given any formula or water.I would like to see a lactation consultant.**Vitamin K**I agree to give my baby injection of Vitamin K shortly after birth |
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