**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 birth I 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.   |  | | --- | | Unless required for health reasons, I do not wish to be separated from my baby. | |  | | **Cesarean Section** | |  | | 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 present  I 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. | |  | | **Breastfeeding** | |  | | 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 | |  | | |