

Birth Plan Worksheet

This is a birth plan worksheet designed for our integrated model of care. The goal is to limit your final document to a single page. Feel free to delete what does not apply to your specific desires. Use the 'TAB' key to move through the document. Print three copies of the final version and bring a copy to your provider, the hospital, and keep one in your personal bag.

GENERAL INFORMATION

Name (Last)	(First)			(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)		(State)	(Zip)	Other Telephone () -
E-Mail Address	Due Date:	MMDDYYYY			
Birth Partner Last Name	(First)				Telephone

Labor

	<p>I would like my baby's birth environment to be kept as quiet and low key as possible.</p> <p>I want to remain as mobile as possible during my labor.</p> <p>I would prefer to be vaginally examined only when absolutely necessary.</p> <p>I would like to be allowed to drink fluids at will during the first stage of my labor.</p> <p>I would like to listen to my own choice of music during labor.</p> <p>I would like the lights dimmed during my labor.</p> <p>I request to have the options of a labor tub, ball, bar, and position changes.</p>
	Other comments about Labor

Fetal Monitoring

	<p>I prefer not to have continuous fetal monitoring unless it is required.</p> <p>I prefer not to have internal monitoring on my baby unless it is absolutely necessary.</p> <p>It is my preference to monitor the baby and contractions during all stages of labor.</p>
	Other comments:

Induction of Labor

	<p>I do not wish to have the amniotic membrane ruptured artificially unless absolutely necessary.</p> <p>I am open to having the membranes stripped to help progress labor.</p> <p>If my labor progresses slowly I want to try changing my birthing position and other natural methods such as walking and nipple stimulation before drugs are administered to speed things up.</p>
	Other request/comments:

Pain Relief

	<p>I request support to labor without the use of pain medication.</p> <p>I understand the value of having an IV "ready" but prefer not to have one unless absolutely necessary.</p> <p>I would like an epidural for pain relief.</p> <p>I prefer to use non medicated means to relieve pain.</p>
	Describe alternate pain relief: Hypnosis, water labor, massage therapy, or other

C-Section

	<p>I would like to avoid having a C-Section unless absolutely necessary.</p> <p>I am planning on having a C-Section.</p> <p>I would like my birth partner present at all times when and if the baby is delivered by C-Section.</p> <p>I prefer to remain conscious during the C-Section with the screen lowered when possible.</p> <p>As long as baby is not distressed, I would like him/her passed to my birth partner immediately.</p> <p>I would like to have baby placed skin to skin as soon as possible.</p> <p>As long as there is no additional risk, I prefer to have the clamping of the cord delayed.</p>
	Other request/ comments

Perineal Care

	<p>I wish to avoid an episiotomy unless it is believed to be necessary.</p> <p>I want to avoid a surgical cut and would rather have a natural tear over an episiotomy.</p> <p>I would like assistance to avoid tearing through perineal massaging and instructions on when to delay pushing.</p> <p>I request local anesthetic to be administered before suturing the perineum.</p>
	Other request/ comments

Delivery

	<p>I request to have my birth partner, midwife and/or doula support my labor as unencumbered as possible.</p> <p>I request to have a mirror so I can see my baby's head as it crowns.</p> <p>I prefer to wait for the urge to push before beginning the pushing phase of labor.</p> <p>I want my baby "skin to skin" on my stomach/chest immediately after deliver.</p> <p>I prefer to have my baby cleaned and swaddled before I hold him/her.</p>
	Other request/ comments

After Delivery

	<p>I request to have my birth partner cut my baby's umbilical cord.</p> <p>I request to cut the umbilical cord myself.</p> <p>Please use Delayed Cord Clamping Practices whenever possible.</p> <p>It is my desired to donate umbilical cord blood.</p> <p>I have made appropriate plans to bank the umbilical cord blood.</p> <p>I prefer to deliver the placenta naturally without the assistance of drugs, unless absolutely necessary.</p> <p>I request to see the placenta as it is being examined by the provider.</p> <p>I plan to take the placenta home and request it not be disposed.</p> <p>I want to hold my baby while the placenta is delivered or as examinations are performed on mom or baby.</p> <p>If baby needs to be taken away for medical treatment, I want my birth partner to accompany him/her at all times.</p> <p>I am happy for my baby to receive vitamin K after birth.</p> <p>I prefer that my baby did not receive any medications immediately after birth.</p> <p>I wish to have my baby "rooming in" with me and want to avoid separation when possible.</p>
	Other request/ comments

Breast Feeding

	<p>I intend to breastfeed my baby and would like to do so within 30 minutes of his/her birth.</p> <p>I do not want any bottles, formula, glucose or plain water given to my baby.</p> <p>I would like my baby to self-attach but if this does not happen then I would appreciate some help with breastfeeding.</p> <p>I request to be shown how to express my breast milk with either a pump or by hand.</p> <p>I request support to know what to expect from breastfeeding following my discharge from the hospital.</p> <p>I would appreciate any information/support about breastfeeding.</p> <p>I request that my baby not be given a pacifier.</p> <p>I would love the opportunity to have a home visit to support my desire for successful breastfeeding.</p>
	Other request/ comments

Recording the event

	<p>I plan to allow my birth partner or other invited guests record the labor and birth experience. Please be conscientious of this request and allow them visibility as long as it doesn't interfere with care of me or baby.</p>
	Other request/ comments

I understand that a birth plan is not intended to be a "medical order" but a means to communicate my birth preferences to my medical provider and those who will take part in the birth of my baby(s). I further understand that these preferences will be honored to the extent that the facility policies allow and providing that mom / baby's medical health is not compromised.

Signature of patient _____ **Date** _____