

Your birth plan

This is your plan as the mom-to-be and, while it serves as a guide for your healthcare team, it can be changed at any time.

Birth preference for the _____ family

Mother's name: _____ Partner's name: _____

Preferences during labor and delivery:

During labor, I prefer the birthing room to have

- Dim lights
- Peace and quiet
- Music of my choice

I prefer

- To move around
- To use a birthing ball and/or rocking chair
- Moving around is not important to me

I prefer

- Intermittent fetal monitoring (we must obtain and document fetal heart tones every 15–30 minutes in labor and every 5–15 minutes during pushing)
- Ongoing fetal monitoring using telemetry so I can walk around

For pain relief, I prefer

- Non-medicinal options (massage, walking, changing positions, shower, relaxation techniques)
- IV pain medications (brand names such as Stadol, Nubain, etc.) Note: Only available during early stages of labor.
- Epidural upon request

During delivery, I prefer

- Spontaneous pushing
- Directed pushing (pushing at certain times as directed by labor coach/nurse)
- To use people for leg support (Care Partner, etc.)
- To use foot pedals
- To use stirrups
- To labor in a birthing tub (where available)

During delivery, I prefer to have the following people present:

1. _____
2. _____
3. _____

Preferences for baby's care:

After delivery, I prefer

- Immediate cutting of the umbilical cord
- Delayed cutting of the umbilical cord (after it stops pulsating)
- My partner (or other family member) to cut the umbilical cord
- My baby to receive vitamin K
- My baby to receive erythromycin
- To breastfeed my baby right away

If my baby is a boy, I prefer

- No circumcision
- Circumcision

Notes:
