DRAFT: 3.31.09

Birthing Plan

This plan can help you consider what will make your birth experience meaningful and comfortable for you. Please discuss this with your doctor or midwife during your pregnancy. Also, please bring a copy with you to the hospital when your labor begins.

Basic information

Your name (birth plan for): _____

Your partner's name: _____

Your address: _____

Your phone: _____

Name of your labor support person/doula: _____

Your due date: _____

Name of your doctor or midwife: _____

Name of your baby's doctor (pediatrician): _____

Labor and delivery: the environment

People

	name	role or relationship to you?
Primary support person		
Other people attending the birth		

For child visitors:

Would you like the child(ren) present for **labor**? ❒yes ❒no for **delivery**? ❒yes ❒no

Should we help you limit visitors? ❒yes ❒no

Comfort and mobility

Check all the things you'd like to try during your labor:

- ❒ music (please bring your own CDs and player)
- ❒ jetted tub
- ❒ massage
- ❒ TV and DVDs (may bring your own DVDs)
- ❒ dimmed lights
- ❒ ice chips and suckers
- ❒ birthing ball (please bring your own)
- ❒ squatting bar
- ❒ walking
- ❒ relaxation and breathing techniques
- ❒ cordless monitoring if available (so you can walk around during labor)
- ❒ clear liquids, if possible
- ❒ Other options or comments: _____

Labor and delivery: medical care

Pain relief

In addition to the comfort options listed previously, which pain relief medication option do you prefer? Check ONLY one of the following:

❒ PLEASE DO NOT offer me any medication for pain relief. I'll let you know if I would like medication.

❒ If I seem uncomfortable, please discuss with me my options for pain relief.

❒ Please offer me an epidural or IV medications as soon as possible when needed.

❒ Other options or comments:

Labor stimulation

To help labor progress, which are options for you?

❒ I don't want to have the amniotic membrane artificially ruptured ("break the waters") unless my care team recommends internal monitoring for my baby.

❒ I'd like to have the amniotic membrane ruptured before other methods are used to augment labor.

❒ If necessary, I would like to have Pitocin (a medication given through an IV) to augment labor.

❒ I don't want Pitocin, unless it's absolutely necessary

❒ Other options or comments: _____

At birth

Would you like to have a mirror available, so you can see the baby's head when it crowns?	❒ yes ❒no
Whom would you prefer to cut the umbilical cord?	❒ my partner ❒ my doctor or midwife ❒ other: _____
Would you like to see the placenta (afterbirth)?	❒ yes ❒no
Do you plan to film or photograph your baby's birth?	❒ yes ❒no

Please use this space to share with us anything else you'd like us to know about you, for example other birth preferences, family traditions, or concerns.

_____

_____

_____

We look forward to sharing your baby's birthday with you. We will do everything we can to make your birth experience special. But please understand that in some situations, we may not be able to fulfill all your requests.

You can change your birth plan at any time, even during labor. We will listen to you and communicate with you as your birth experience develops.

Your signature: _____ *Date:* _____