



## Birthing Plan

### CONTACT INFORMATION

Mother's Name \_\_\_\_\_ Partner's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_

Baby's Name \_\_\_\_\_ OB / Midwife Name \_\_\_\_\_

Baby's Due Date \_\_\_\_\_ Doula / Coach Name \_\_\_\_\_

### BIRTHING LOCATION

Hospital  Home  Birthing Center  Other (please describe)

### BIRTHING PREPARATION / PREFERENCES

Contact form  Insurance form  Cord blood materials

I would like my baby's blood donated to a public bank [Cord Blood Bank Website](#)



## Birthing Plan

### HEALTH NOTES

- Have Group B strep
- Positive for herpes
- RH incompatible with baby
- Other (please describe)
- None of the above
- Have gestational diabetes

### FAMILY BIRTHING HISTORY

Please give a brief description of mother and grandmother's birthing history.

- Mother's birthing history: (please give brief description)
- Grandmother's birthing history: (please give brief description)

### BIRTHING CONDITIONS

- Vaginal
- Natural (if possible)
- I have had a C-Section\*  
*\*please see Page 3*
- Had prior surgery on uterus



## Birthing Plan

### BIRTHING ROOM ENVIRONMENT PREFERENCES

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Dim lighting      | <input type="checkbox"/> Music           | <input type="checkbox"/> Aromatherapy           | <input type="checkbox"/> Door closed             |
| <input type="checkbox"/> Birthing ball     | <input type="checkbox"/> Minimal sound   | <input type="checkbox"/> Photographer           | <input type="checkbox"/> No dilation checks      |
| <input type="checkbox"/> Blanket from home | <input type="checkbox"/> Personal photos | <input type="checkbox"/> No staff interruptions | <input type="checkbox"/> Other (please describe) |

### VAGINAL BIRTH PREFERENCES

- |  |   |
|--|---|
| <input type="checkbox"/> Touch my baby's head when it crowns   | <input type="checkbox"/> Have staff's assistance with pushing techniques            |
| <input type="checkbox"/> To be able to "feel" the urge to push before instructed                                     | <input type="checkbox"/> To have a mirror on hand to watch the birth                |
| <input type="checkbox"/> To use natural breathing techniques for "soft" pushing                                      | <input type="checkbox"/> To freely move around and try many positions when birthing |
| <input type="checkbox"/> Absolutely no episiotomy unless doctor personally discusses reasons for surgical procedure. |   |



## Birthing Plan

### DURING BIRTHING

I would like:

- My water to break on its own
- To wear my own clothes
- The cord cut by \_\_\_\_\_
- I'd like to delay cord clamping until
  - \_\_\_\_ minutes have passed
  - the cord stops pulsating.
- My doula to be present
- My partner to be present
- Photographs to be taken by \_\_\_\_\_

### PAIN MANAGEMENT

- I would like to be offered pain management when I appear to be in pain
- I plan to use alternative measures for pain management (birth ball, tub, breathing, etc.) and would like those options available to me
- Please don't offer me pain medication unless I ask for it
- I am unsure if I will want pain medication and would like my options explained to me



## Birthing Plan

### FETAL MONITORING (EFM)

- Continuous (strapped around my belly)
- Wireless fetal monitoring
- Intermittent (Doppler hand-held)

### C-SECTION PREFERENCES

- View my birth (if possible)
- I'd like to delay cord clamping until:
  - \_\_\_\_ minutes have passed
  - the cord stops pulsating.
- Arms free for skin-to-skin
- Umbilical cord KEPT INTACT, so it can be cut by \_\_\_\_\_ in delivery
- Umbilical cord left long so it can be cut by \_\_\_\_\_ in the delivery room



## Birthing Plan

### POSTPARTUM

- Please place baby against my skin immediately with a blanket over us
- Please inform me of any standard vaccinations and blood draw before they are performed
- Please do not separate the baby from me unless medically necessary
- Under no circumstances will my child be given a pacifier or bottle unless I'm consulted
- I would like privacy during my stay
- Please delay routine procedures on baby to facilitate bonding
- I would like to initiate breastfeeding as soon as possible
- I would like to delay Pitocin after delivery unless there is heavy bleeding
- During our stay, I would like to have full rooming with my baby unless doctors recommend otherwise
- I would like visitors to be limited

### BABY'S CARE

- I would like to delay my baby's first bath/wash until:
  - \_\_\_ hours have passed
  - \_\_\_ next day
  - \_\_\_ no wash or bath
- Please allow me to hold my baby when injections are given or blood is being drawn for routine procedures
- If my baby is a boy, I would like him circumcised
- I plan to:
  - \_\_\_ exclusively breast feed
  - \_\_\_ combination feed
  - \_\_\_ exclusively formula feed while in the hospital
- I would like to exclude the use of Erythromycin eye ointment
- If my baby needs medical care and must be separated from me, I would like \_\_\_\_\_ to accompany him/her