



Birth Plan Instructions

Making a birth plan will help you better understand all of your options and make choices about your labor and delivery experience. A birth plan can also help you share your preferences with your health care provider and hospital birth team. After looking over this list, you may have some questions about different procedures and practices at the hospital. Be sure to share this form with your healthcare provider so you can have all of your questions answered and to see whether they can support your choices.

A birth plan is not a guarantee of how your birth will go, but simply states your preferences for labor if everything goes normally. Of course you are free to change your mind during labor, and your provider will also make decisions based on medical necessity. You can let your doctor know that you trust their expertise and will cooperate fully should a medical emergency arise, but would also like to be fully informed about risks and benefits to both mother and baby for all interventions that are being considered.



My Birth Plan

This birth plan expresses my preferences and desires for my birth experience. I understand that situations may arise during labor or delivery that prevent these wishes from being carried out, and that flexibility may be required to provide a safe and satisfying experience.

Patient _____
(name, signature, date)

Clinic Staff _____
(name, signature, date)

Hospital Staff _____
(name, signature, date)

STAGE	 OPTIONS	COMMENTS
Labor	<i>I would like to...</i> (check all that apply)	
	Drink fluids and eat lightly during early labor.	
	Walk to labor and delivery when I get to the hospital.	
	Have a friend/relative with me throughout labor NAME(s) _____	
	Have a friend/relative with me during delivery NAME(s) _____	
	Have my delivery room kept as quiet as possible. Have the lights in my room be kept low.	
	Have ice chips and popsicles	
	Take pictures and videos during labor and birth. (I understand that I cannot videotape the actual birth at University Hospital.)	
	Have the freedom to walk and change positions.	
	Have continuous fetal heart rate and contraction monitoring.	
	Have intermittent fetal heart rate and contraction monitoring (unless continuous monitoring is required by the condition of baby).	
	Have my IV placed in my arm, rather than my hand, so that I can move around easier.	
	Have a saline lock instead of an IV (will get IV fluids if necessary).	
	Use alternative pain techniques <input type="checkbox"/> Music <input type="checkbox"/> Shower <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Warm/cold compresses <input type="checkbox"/> Relaxation	
	Keep vaginal exams to a minimum.	
	Ask for pain medications when I need them. Please do not offer me pain medications.	
	Try an injection of narcotic pain relief (Stadol or similar) before I have an epidural.	
	Have an epidural only after I reach 5cm dilation.	
	Have my epidural weakened before the pushing stage so I can feel the urge to push.	
	Have an immediate epidural and feel no pain if possible, even if it means slowing down my labor.	
Have spontaneous rupture of membranes, rather than artificial rupture.		
Discuss all options if labor is not progressing (including pitocin, walking, positions, artificial rupture of membranes)		
Prefer that no students, interns, residents, or non-essential personnel be present during my labor or birth.		

Delivery	<input checked="" type="checkbox"/>	<i>I would like to...</i> (check all that apply)	
	<input type="checkbox"/>	Be able to choose the position in which I push and give birth.	
	<input type="checkbox"/>	Have my labor partner and/or labor nurses support me and my legs as necessary during the pushing stage.	
	<input type="checkbox"/>	Try to wait until I feel the urge to push before I am coached to start pushing (even if I am fully dilated).	
	<input type="checkbox"/>	Have coaching to help me know when to push.	
	<input type="checkbox"/>	Use spontaneous pushing, and not be coached to push (unless I am not making progress).	
	<input type="checkbox"/>	Have an episiotomy rather than a tear.	
	<input type="checkbox"/>	Avoid an episiotomy unless required for the baby's safety. I would like to use: <input type="checkbox"/> Perineal massage & support <input type="checkbox"/> Warm compresses <input type="checkbox"/> Slower delivery <input type="checkbox"/> Panting/blowing	
	<input type="checkbox"/>	Have a mirror available so I can see the baby's head when it crowns.	
	<input type="checkbox"/>	Touch the baby's head when it crowns.	
	<input type="checkbox"/>	Have my labor partner cut the cord or cut the cord myself.	
	<input type="checkbox"/>	Have the doctor cut the cord.	
	<input type="checkbox"/>	Have the baby placed immediately on my stomach/chest before being cleaned and wrapped.	
	<input type="checkbox"/>	Have the baby examination and initial care done on my abdomen.	
	<input type="checkbox"/>	Delay non-essential routines and treatments for the baby (e.g. eye treatment, etc.).	
	<input type="checkbox"/>	Hold the baby for _____ minutes before he/she is taken away for examinations or bath.	
	<input type="checkbox"/>	Have the baby examined, cleaned, and wrapped before I hold him/her.	
	<input type="checkbox"/>	CESAREAN: Be fully informed and participate in decision making if cesarean is indicated.	
	<input type="checkbox"/>	CESAREAN: Avoid a cesarean section unless absolutely necessary.	
	<input type="checkbox"/>	CESAREAN: Have my labor partner present at all time during a cesarean.	
<input type="checkbox"/>	CESAREAN: Have the screen lowered at time of birth or baby held up for mother to see.		
After Birth	<input checked="" type="checkbox"/>	<i>I would like to...</i> (check all that apply)	
	<input type="checkbox"/>	Have my labor partner (or other person) accompany the baby if he/she requires medical treatment.	
	<input type="checkbox"/>	Avoid a routine injection of pitocin after the delivery to aid in expelling the placenta (unless it is needed to prevent heavy bleeding).	
	<input type="checkbox"/>	Have a male baby circumcised at the hospital.	
	<input type="checkbox"/>	Have the baby room-in and be with me at all times.	
	<input type="checkbox"/>	Have the baby room-in after I have had some time to recover.	
	<input type="checkbox"/>	Have the baby with me during the day, but in the nursery at night. I would like the baby brought to me at night if I am breastfeeding.	
<input type="checkbox"/>	Have the baby kept in the nursery and brought to me upon request (or for breastfeeding).		
Discharge	<input checked="" type="checkbox"/>	<i>I would like to...</i> (check all that apply)	
	<input type="checkbox"/>	Receive information about baby care.	
	<input type="checkbox"/>	Receive information about postpartum care for mother.	
	<input type="checkbox"/>	Receive additional help with breastfeeding from the lactation consultant.	
	<input type="checkbox"/>	I will receive postpartum care LOCATION _____	
<input type="checkbox"/>	Baby will receive care LOCATION _____		