

## Birth Plan Worksheet

### Basic Information

Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Doctor/Midwife's Name(s): \_\_\_\_\_

Other Birth Attendants (doula, friends, etc.): \_\_\_\_\_

Children and Helpers, if attending: \_\_\_\_\_

Baby's pediatrician, if known: \_\_\_\_\_

Delivery location: \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_

### Pre-Birth Preferences

#### Induction:

\_\_\_ I prefer to be induced on \_\_\_\_\_ (date)

\_\_\_ I will discuss induction after \_\_\_\_\_ (date)

\_\_\_ I prefer not to be induced unless it becomes medically necessary

\_\_\_ I am having a scheduled c-section on \_\_\_\_\_ (date)

#### Arriving at the Birth Location

\_\_\_ I will be birthing at home

\_\_\_ I prefer to arrive as soon as contractions begin or my water breaks

\_\_\_ I prefer to arrive once my labor is well established

\_\_\_ I prefer to arrive only once I am advanced in labor; I want to labor at home as long as possible

#### Paperwork

\_\_\_ We will pre-register

\_\_\_ We will do the paperwork at our earliest convenience; please do not separate me from my support person

\_\_\_ We will do the paperwork immediately; please make any separation as brief as possible

#### Comfort Measures

I would like to use the following comfort measures:

\_\_\_ Pain medication (see below)

\_\_\_ Massage

\_\_\_ Birthing ball

\_\_\_ Birthing tub

\_\_\_ Music

\_\_\_ Essential oils

\_\_\_ Other: \_\_\_\_\_

#### Pain Medication

- \_\_\_ Please don't offer it; I will ask if I want it
- \_\_\_ Please offer me pain medication immediately upon arrival (explain my options)
- \_\_\_ Please offer me pain medication only if I seem to need it

#### IV

- \_\_\_ I do not want an IV or Hep lock at all
- \_\_\_ I am okay with a Hep lock, but do not want an IV
- \_\_\_ I would like an IV

#### Water

- \_\_\_ I would like my water broken upon arriving at the hospital, to speed things along
- \_\_\_ I would like my water broken only if my labor is slow and I am exhausted
- \_\_\_ I would like my water broken only if my baby's arrival is imminent and it hasn't broken on its own
- \_\_\_ I would not like my water broken under any circumstances

#### Food/Drink

- \_\_\_ Please offer me ice chips or popsicles and nothing else
- \_\_\_ Please offer me drinks but not food
- \_\_\_ Please offer me food and drink as I need it
- \_\_\_ Please do not offer me anything; I will ask or have an IV

#### Labor Augmentation

- \_\_\_ If it becomes necessary, I would like to try natural methods first, including:
  - \_\_\_ Nipple stimulation
  - \_\_\_ Walking
  - \_\_\_ Herbs
  - \_\_\_ Other
- \_\_\_ Please offer me Pitocin
- \_\_\_ I would like to try to avoid augmentation if at all possible; my baby will come when s/he is ready

#### Fetal Monitoring

- \_\_\_ I prefer an external continuous monitor
- \_\_\_ I prefer a continuous internal monitor
- \_\_\_ Please use an external monitor for a few minutes per hour to check on my baby
- \_\_\_ Please use a Doppler to check on my baby occasionally
- \_\_\_ Please do not use any devices to monitor my baby; use a fetoscope or palpations only

#### Labor Positions

I would like to labor:

- ☐ While walking
- ☐ Lying down
- ☐ Sitting on a birthing ball
- ☐ In the tub/shower
- ☐ Let me decide at the time

#### Environment

- ☐ Please keep the lights dimmed
- ☐ Please keep noise levels low
- ☐ Please play music. I would like a particular collection: \_\_\_\_\_
- ☐ Please do this: \_\_\_\_\_

#### Internal Exams

- ☐ Please examine me as soon as I arrive and hourly after to check my progress
- ☐ Please examine me only if I ask
- ☐ Please keep examinations to a minimum

#### Pushing Preferences

- ☐ I would like to push on my back
- ☐ I would like to push on my hands and knees
- ☐ I would like to push on my side
- ☐ I would like to push on a birthing stool
- ☐ I would like to push \_\_\_\_\_
- ☐ Let me the decide at the time

#### Episiotomy

- ☐ Please cut an episiotomy if my baby is large and having difficulty
- ☐ Please do not cut an episiotomy; I would rather risk a tear
- ☐ Please allow me to try different pushing positions to avoid a tear
- ☐ Please use perineal support, massage and hot compresses to help avoid a tear

#### Vacuum/Forceps

If I need an assisted delivery, I would prefer:

- ☐ Vacuum
- ☐ Forceps
- ☐ I trust my doctor to decide what's best

#### C-section

- ☐ Please help me to avoid a c-section unless an emergency arises
- ☐ Please offer me a c-section in my labor is not progressing after \_\_\_\_ hours
- ☐ I would prefer a c-section
- ☐ Other: \_\_\_\_\_

### Emergency Procedures

- ☐ Please explain to me what my options are so I can choose
- ☐ Please use your own discretion and choose what is best for me

### Moment of Birth

- ☐ Please place my baby immediately onto my chest and leave him/her there
- ☐ Please allow me to hold my baby briefly before taking him/her to be cleaned and weighed
- ☐ Please take my baby to be cleaned/weighed immediately

### Cord Cutting

- ☐ Please cut my baby's cord immediately
  - ☐ Please allow my husband/partner to cut the cord
  - ☐ Please have a doctor cut the cord
- ☐ Please wait until the cord stops pulsing before cutting
- ☐ Please wait at least an hour to cut my baby's cord
- ☐ Please do not cut my baby's cord (lotus birth)

### Initial Bonding

- ☐ Please leave us alone for an hour after birth to bond
- ☐ Please clean and dress my baby, complete our medical exams, and then allow us bonding time
- ☐ Please do this: \_\_\_\_\_

### Newborn procedures:

#### We give consent for:

- ☐ Eye ointment
- ☐ Hep B vaccine
- ☐ Vitamin K shot
- ☐ PKU test
- ☐ Hearing test

#### We do NOT give consent for (please bring us any waivers we need to sign):

- ☐ Eye ointment
- ☐ Hep B vaccine
- ☐ Vitamin K shot
- ☐ PKU test
- ☐ Hearing test

### Feeding

- ☐ My baby is exclusively breastfed, please do not offer:
  - ☐ Formula
  - ☐ Sugar water

\_\_\_ Pacifiers

\_\_\_ My baby is formula fed, please help us choose a formula

#### Rooming In

\_\_\_ I wish for my baby to remain in my room 24/7

\_\_\_ Please take my baby to the nursery only at my request

\_\_\_ Please take my baby to the nursery at night so I can sleep (bringing him/her for feedings)

\_\_\_ Please take my baby to the nursery except when s/he needs fed

#### Visitors:

\_\_\_ I am open to any visitors during visiting hours

\_\_\_ Please allow only the following people: \_\_\_\_\_

\_\_\_ Please do NOT allow the following people: \_\_\_\_\_

\_\_\_ Please, no visitors during these times: \_\_\_\_\_

#### Medications Post-Birth

\_\_\_ Please offer me OTC-strength medications to cope with pain (acetaminophen, ibuprofen)

\_\_\_ Please offer me stronger medications to cope with pain (as prescribed)

\_\_\_ Please offer me arnica or another natural pain reliever

\_\_\_ Please do not offer me pain medication

\_\_\_ Please offer me a stool softener

\_\_\_ Please do NOT offer me a stool softener

#### Baby's Exam

\_\_\_ Please perform my baby's exam in my room

\_\_\_ Please perform my baby's exam in the nursery with myself or my partner present

\_\_\_ Please perform my baby's exam in the nursery, we do not need to be present

#### Hospital/Birthing Center Stay:

\_\_\_ We prefer to leave 6 hours after birth

\_\_\_ We prefer to leave 24 hours after birth

\_\_\_ We prefer to stay 48 hours after birth

\_\_\_ Please give your recommendation on our length of stay

#### Complications

\_\_\_ If my baby requires a hospital transfer, please allow my partner to accompany him/her

\_\_\_ If my baby requires a hospital transfer, please allow us to go together once I am released

\_\_\_ Please allow another family member to accompany my baby: \_\_\_\_\_

#### Other:

---

---