

BIRTH PLAN

Name:

Partner/Support Person:

Birthdate:

Doula:

Due Date:

Special Considerations

Allergies, medical concerns, or notes:

Labor Preferences

Environment:

- ☐ Dim Lights
- ☐ Soft music (patient to provide)
- ☐ Open windows/natural light
- ☐ Quiet voices
- ☐ Other:

People Present:

- ☐ Partner
- ☐ Doula
- ☐ Family members
- ☐ Friends
- ☐ No visitors
- ☐ No students in room
- ☐ Other:

Pain Management:

- ☐ Breathing techniques
- ☐ Movement – walking, dancing, etc.
- ☐ Rocking Chair
- ☐ Birthing Ball
- ☐ Massage
- ☐ Hydrotherapy (bath/shower)
- ☐ Heat packs
- ☐ Squeeze combs
- ☐ IV pain medications
- ☐ Nitrous Oxide
- ☐ Epidural
- ☐ TENS units (patient to provide)
- ☐ Open to medical team suggestions
- ☐ Other:

Fetal monitoring:

- Intermittent fetal monitoring if no interventions needed and low risk labor
- Continuous fetal monitoring with Labor Inductions, Epidural, or high risk labor
- Wireless monitoring will be used as 1st option if able to trace baby this way
- Internal monitors may be discussed if needed
 - Ex. Fetal Scalp Electrode, Intrauterine Pressure Catheter.

IV Access:

- An IV access must be placed for emergencies
- Will need to be hooked to an IV line if fluids or medications are needed

Delivery Preferences

Pushing Positions:

- | | |
|--|--|
| <input type="checkbox"/> Upright | <input type="checkbox"/> Open to whatever is recommended |
| <input type="checkbox"/> Side-lying | <input type="checkbox"/> Only quiet voices |
| <input type="checkbox"/> Squatting | <input type="checkbox"/> Cheer me on! |
| <input type="checkbox"/> Hands and Knees | <input type="checkbox"/> Other: |

An Episiotomy or a Vacuum are only done if medically necessary.

Post-Delivery Preferences

Delayed cord clamping for 1 minute is done routinely, as long as mom and baby are doing okay.

Positioning at delivery:

- ☐ Baby to my abdomen while cord pulses
- ☐ Do not put the baby directly on me

Visitors after delivery:

- | | |
|---|--|
| <input type="checkbox"/> Family members/Friends welcome | <input type="checkbox"/> No students in room |
| <input type="checkbox"/> No visitors please | <input type="checkbox"/> Other: |

Visiting hours are per hospital policy, 11am to 8pm.

Baby Care

All babies stay in room with parents unless they need medical care in the nursery.

Feeding:

- | | |
|--|---|
| <input type="checkbox"/> Breastfeeding exclusively | <input type="checkbox"/> Other feeding preferences: |
| <input type="checkbox"/> Formula only | |

Newborn Procedures:

- | | |
|---|--|
| <input type="checkbox"/> Vitamin K shot (Need for circumcision) | <input type="checkbox"/> Hepatitis B vaccine |
| <input type="checkbox"/> Antibiotic eye prophylaxis | <input type="checkbox"/> Circumcision |

I understand that circumstances may change and that my healthcare team may need to make decisions in the best interests of my health and my baby's health.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date:
