My Birth Plan Workbook

Name: ________________________________

Healthy Beginnings Project
The College of William and Mary
Due Date: ____________________
Obstetrician: ________________________________
Delivering at: ________________________________
In case of an emergency contact: __________________________________________________________

ATTENDANTS
If allowed I'd like the following people to be present during labor and/or birth:
____________________________________________________
____________________________________________________

ENVIRONMENT
I'd like to be able to:

☐ dim the lights
☐ maintain a calm setting
☐ ______________________________________________________

HOSPITAL ADMISSION & PROCEDURES
Once I'm admitted, I'd like:

☐ only my practitioner, nurse, and guests to be present (i.e., no residents, medical students, or other hospital personnel)
☐ to wear my contact lenses, as long as I don't need a c-section
☐ to eat if I wish to
☐ to try to stay hydrated by drinking clear fluids instead of having an IV
☐ to have a heparin or saline lock
☐ to walk and move around as I choose
OTHER INTERVENTIONS

As long as the baby and I are doing fine, I’d like to:

☐ have intermittent rather than continuous electronic fetal monitoring
☐ be allowed to progress free of stringent time limits and have my labor augmented only if necessary
☐ prefer/do not prefer an enema before delivery and do/do not wish to have pubic hair shaved

LABOR PROPS

If available, I’d like to try a:

☐ birthing stool
☐ birthing chair
☐ squatting bar
☐ birthing pool/tub

PAIN RELIEF

I’d like to try the following pain-management techniques:

☐ acupressure
☐ bath/shower
☐ breathing techniques/distraction
☐ hot/cold therapy
☐ self-hypnosis
☐ walk
☐ change positions
☐ massage
☐ medication
☐ other: ______________________________________________________

☐ Please don't offer me pain medication. I'll request it if I need it.
I do want medicinal pain relief, and I prefer:

- regional analgesia: epidural and/or spinal block
- I would like an epidural as early as possible
- I would like an epidural later in labor
- systemic medication

**LABOR**

- If nausea occurs would like medicinal relief
- I would like to keep the number of vaginal exams to a minimum
- Additional comments ____________________________________________

**PUSHING**

**When it's time to push, I'd like to:**

- do so instinctively
- be coached on when to push and for how long
- be allowed to progress free of stringent time limits as long as my baby and I are doing fine

**I'd like to try the following positions for pushing (and birth):**

- semi-reclining
- side-lying position
- squatting
- hands and knees
- whatever feels right at the time
**VAGINAL BIRTH**

During delivery, I'd like:
- to view the birth using a mirror
- to touch my baby's head as it crowns
- the room to be as quiet as possible
- to give birth without an episiotomy unless it is required for my baby’s safety
- I would rather have an episiotomy rather than risk tearing

After birth, I'd like:
- to hold my baby right away, putting off any procedures that aren't urgent
- to breastfeed as soon as possible or within______________________.
- not to get oxytocin (Pitocin) after I deliver the placenta unless it's necessary
- to wait until the umbilical cord stops pulsating before it's clamped and cut

**C-SECTION**

If I have a c-section, I'd like:
- the screen lowered a bit so I can see my baby being delivered
- to breastfeed my baby in the recovery room

**CORD BLOOD BANKING**

I'm planning to:
- donate cord blood to a public bank
- bank cord blood privately
- neither
POSTPARTUM
After delivery, I'd like:
☐ all newborn procedures to take place in my presence
☐ to stay in a private room

I'd like:
☐ 24-hour rooming-in with my baby
☐ my baby to room-in with me only when I'm awake
☐ my baby brought to me for feedings only
☐ to make my decision later depending on how I'm feeling

FEEDING ISSUES
I plan to:
☐ breastfeed exclusively
☐ combine breastfeeding and formula-feeding
☐ formula-feed exclusively
☐ would like the assistance of a lactation consultant

Do not offer my baby:
☐ formula
☐ sugar water
☐ a pacifier
CIRCUMCISION

If my baby’s a boy:

☐ I want him to be circumcised at the hospital
☐ I'll have him circumcised later
☐ I don't want him circumcised
☐ Additional comments__________________________________________

____________________________________________________________________
____________________________________________________________________

DISCHARGE

I'd like to:

☐ be discharged from the hospital as soon as possible
☐ stay at the hospital as long as possible
☐ wait and see how I feel before deciding about the timing of hospital discharge
☐ Additional comments__________________________________________

____________________________________________________________________
____________________________________________________________________

Important Issues, Fears, &/or Concerns:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature_________________________________________________________ Date___________________________
References:


