Personalized Birth Plan

We want your birth experience to be perfect for you. Our customizable birth plan will assist you in selecting your preferences for before, during, and after you give birth, and we will communicate those desires to your labor and delivery team. It’s important that you review this plan with your physician or midwife prior to labor as some of the items may require an order from them. We encourage you to discuss this plan with your support person so they are aware of your wishes as well. Know that if changes need to be made to this plan for your safety or the safety of your baby, we will discuss these with you and your support person. We’re here to support you during this special time.

Mom’s Name: ____________________________________________
Doctor’s Name: __________________________________________
Support Person/Coach Name: __________________________________________
Due Date or Induction Date: __________________________________________

LABOR

I would like the following people present (if visitor guidelines permit):

☐ Support Person/Coach: ___________________________  ☐ Doula: ___________________________
☐ Midwife: ___________________________  ☐ Parent: ___________________________
☐ Sibling: ___________________________  ☐ Other: ___________________________

Would you be open to allowing medical students to view the birth?  ☐ YES  ☐ NO

Delivery room preferences:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimmed Lighting</td>
<td></td>
</tr>
<tr>
<td>Use of essential oils or oil diffuser</td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
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<tr>
<td>Video or photography allowed</td>
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</tr>
<tr>
<td>Drinking with physician approval</td>
<td></td>
</tr>
<tr>
<td>Eat with physician approval</td>
<td></td>
</tr>
<tr>
<td>Minimal vaginal exams (or checks)</td>
<td></td>
</tr>
<tr>
<td>Minimal interruptions</td>
<td></td>
</tr>
</tbody>
</table>

I would like help with my labor:

☐ Only if the baby is in distress
☐ Performed with Pitocin (a medication used to induce labor)
☐ After natural methods have been attempted
☐ Performed with prostaglandin gel (a gel that helps prepare the cervix for labor)
☐ Performed by rupture or stripping of the membrane

During labor, I would like the option to:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk around</td>
<td></td>
</tr>
<tr>
<td>Stand up</td>
<td></td>
</tr>
<tr>
<td>Lie down</td>
<td></td>
</tr>
<tr>
<td>Use equipment</td>
<td></td>
</tr>
<tr>
<td>Check all preferred</td>
<td>Birth Ball  Peanut  Squat Bar</td>
</tr>
</tbody>
</table>
DELIVERY

Birthing Positions:
☐ Squatting
☐ Leaning on my support person/coach
☐ On my hands and knees
☐ Lying on my side
☐ Using foot pedals or birth bar
☐ Semi-reclining

Pushing Options:
☐ Only when feeling a contraction
☐ Be coached on when to push and for how long

Pain Management Preferences:
☐ Standard epidural
☐ Medication to reduce pain, but still feel labor
☐ Breathing techniques
☐ Massage
☐ I will request pain medication

As baby is delivered, I would like:
☐ Use mirror to see baby
☐ Give birth without an episiotomy
☐ Leave vernix on baby
☐ Touch baby as head crowns
☐ Avoid forceps and/or vacuum extraction, unless medically necessary
☐ Delay cord clamping
☐ An uninterrupted golden hour with baby

If an unplanned C-Section is necessary, I would like:
☐ All of the other options to be exhausted
☐ An epidural as anesthesia
☐ My support person/coach to remain with me
☐ Clear drape to see the birth
☐ Baby placed on me as soon as possible

Immediately after delivery, I would like:
☐ Bank my baby’s cord blood
☐ Take placenta home
☐ Support person/coach to cut umbilical cord (not available for c-section births)

POSTPARTUM

After delivery, I would like for baby:
☐ To be wiped down and swaddled
☐ To be wiped down on my chest and placed skin-to-skin

For pain management after deliver, I would like:
☐ Extra-strength acetaminophen
☐ Stool softeners
☐ Narcotic pain medication
☐ Laxatives
☐ Motrin
☐ Any medication options my OB recommends

I would like to breastfeed:
☐ As soon as possible
☐ With the help of a lactation consultant
☐ In combination with formula-feeding
BABY CARE

If I have a boy, I would like him to be:

☐ Circumcised while at the hospital  ☐ Circumcised at a later date  ☐ Not circumcised

I would like for my baby to receive:

YES  NO

☐ A heel stick for screening test beyond the PKU
☐ Formula
☐ Pacifier
☐ A hepatitis B vaccine

Do you have any other requests that we should be aware of?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

We will refer to your birth plan throughout your birth experience. Please remember that you are free to change your birth plan at any time. Provide your completed birth plan to your doctor at least three weeks before your due date.

____________________________________________________________________________________
Mom’s Signature  Date

____________________________________________________________________________________
Support Person/Coach Name  Date