CHECKLIST:

Your Birth Plan

Complete this checklist and review with your

health care provider before 34 weeks. ☐ Certain positions (circle): semi-reclining, side-lying, *Not all offered at every facility. squatting, hands and knees **Pre-Labor:** ☐ I'd like to go into labor naturally. With a vaginal birth, I would like to: ☐ I'd like my water to break naturally. ☐ I plan to bank my baby's cord blood. ☐ Avoid an episiotomy. ☐ I plan to save my placenta. ☐ Watch the birth in a mirror. ☐ Hold my baby immediately after birth. Labor: ☐ Have skin-to-skin contact immediately after birth. ☐ I'd like to be mobile for as long as possible. ☐ Breastfeed as soon as possible. ☐ I'd prefer to not have an IV during labor. ☐ I'd prefer intermittent fetal monitoring rather than continuous. If a Cesarean is necessary, I would like: ☐ I'd like to push instinctively. ☐ My partner to be with me at all times. ☐ I'd like to be coached on when to push and for how long. ☐ My partner to hold the baby as soon as possible after birth. ☐ I'd like to use a peanut ball. ☐ To have skin-to-skin contact as soon as possible after birth. ☐ I'd like to use a birthing ball. ☐ To breastfeed as soon as possible. ☐ I'd like to use a birthing stool. Who I'd like in the room: □ Partner: □ Relative(s): **Postpartum:** ☐ I'd like to see the following visitors as soon as possible ☐ Friend(s): after the birth:_____ ☐ I'd like to check out of the hospital as soon as possible. □ Doula: I would like to use the following for pain management: I plan to: ☐ Music ☐ Breathing & relaxation ☐ Aromatherapy ☐ Birthing ball ☐ Breastfeed only (battery operated) ☐ Nitrous Oxide □ Dim lighting ☐ Formula feed only (laughing gas) ☐ Breastfeed and formula feed ☐ Massage therapy ☐ Medication ☐ Epidural ☐ Tub ☐ Shower ☐ Hypnobirth

I would like to use the following

during delivery:

☐ Birthing pool or tub

