CHECKLIST:
Your Birth Plan

Complete this checklist and review with your health care provider before 34 weeks. *Not all offered at every facility.

Pre-Labor:
☐ I’d like to go into labor naturally.
☐ I’d like my water to break naturally.
☐ I plan to bank my baby’s cord blood.
☐ I plan to save my placenta.

Labor:
☐ I’d like to be mobile for as long as possible.
☐ I’d prefer to not have an IV during labor.
☐ I’d prefer intermittent fetal monitoring rather than continuous.
☐ I’d like to push instinctively.
☐ I’d like to be coached on when to push and for how long.
☐ I’d like to use a peanut ball.
☐ I’d like to use a birthing ball.
☐ I’d like to use a birthing stool.

Who I’d like in the room:
☐ Partner: __________________________
☐ Relative(s): ________________________
☐ Friend(s): _________________________
☐ Doula: ____________________________

I would like to use the following for pain management:
☐ Music
☐ Aromatherapy (battery operated)
☐ Dim lighting
☐ Massage therapy
☐ Tub
☐ Shower
☐ Breathing & relaxation
☐ Birthing ball
☐ Nitrous Oxide (laughing gas)
☐ Medication
☐ Epidural
☐ Hypnobirth

I would like to use the following during delivery:
☐ Birthing pool or tub
☐ Certain positions (circle): semi-reclining, side-lying, squatting, hands and knees

With a vaginal birth, I would like to:
☐ Avoid an episiotomy.
☐ Watch the birth in a mirror.
☐ Hold my baby immediately after birth.
☐ Have skin-to-skin contact immediately after birth.
☐ Breastfeed as soon as possible.

If a Cesarean is necessary, I would like:
☐ My partner to be with me at all times.
☐ My partner to hold the baby as soon as possible after birth.
☐ To have skin-to-skin contact as soon as possible after birth.
☐ To breastfeed as soon as possible.

Postpartum:
☐ I’d like to see the following visitors as soon as possible after the birth: __________________________
☐ I’d like to check out of the hospital as soon as possible.

I plan to:
☐ Breastfeed only
☐ Formula feed only
☐ Breastfeed and formula feed