

Birth plan

Your full name:

Due date:

Birth partner:

What you like to be called:

Doctor/midwife:

What your partner likes
to be called:

Other support people (names and relationship):

Below is an outline of what I'd like for my birth experience. I'm aware birth doesn't always go as planned, but here are some preferences I'd like you to know about.

Type of childbirth

I understand that things can change, but at the moment I plan the following birth:

- ☐ Vaginal birth ☐ Cesarean birth (C-section) ☐ Vaginal birth after C-section (VBAC)

Labor preferences

During labor my preferences include (check all that apply):

Environment

- ☐ I would like a quiet, calm atmosphere without unnecessary interruptions.
- ☐ Please dim the lights if possible.
- ☐ I would like to be able to play my own music/audio.
- ☐ I don't have strong preferences about my labor environment.
- ☐ I would like to use a birthing pool or shower if it's safe and available.

Communication

- ☐ I like a lot of information about my medical care and choices.
- ☐ Hearing a lot of medical information makes me feel nervous. Please give me the minimum amount of information necessary to make an informed choice.
- ☐ I like to be given direct recommendations about what my care team thinks is best for me.

Contraction management

- ☐ I plan to use hypnobirthing and breathing methods to manage my contractions.
- ☐ I plan to be active in labor, using a birthing ball if available and trying different positions.
- ☐ I plan to use heat methods such as massage or a warm shower or bath if possible.
- ☐ I am undecided but open to discussing pain relief options such as IV medication, nitrous oxide, or epidural during labor. Please offer them to me.
- ☐ I do not want any medical pain relief during labor unless I specifically request it.
- ☐ I plan to get an epidural.



Labor help (induction or augmentation)

- ☐ I would prefer not to have my labor induced or augmented unless it is medically necessary.
- ☐ If my labor is slow to progress, I am happy to do whatever it takes to get things moving.

Monitoring

- ☐ I am happy to be continuously monitored during labor.
- ☐ I would prefer not to be continuously monitored unless medically necessary.

Hospital staff

- ☐ It's fine for medical students or residents to be present during labor and birth.
- ☐ I would prefer if there were as few people as possible in the room.

Birth preferences

When it's time for me to give birth, these are my preferences (check all that apply):

Labor and birth position

- ☐ I would like to try various positions (upright, side-lying, on hands and knees, etc.).
- ☐ I prefer to give birth in a semi-reclined or lying position.
- ☐ Please assist me in finding a comfortable position during labor and birth.

Push coaching

- ☐ Please guide me in pushing my baby out.
- ☐ Please let me push the way that seems best to me.
- ☐ Please give me suggestions if what I'm doing doesn't seem to be effective.
- ☐ Please offer me a mirror if you think this will help my pushing.
- ☐ Please help me apply warm compresses to my perineum while pushing.

Interventions and procedures

- ☐ If something unexpected comes up and interventions are needed, please keep me informed and involved in the decision-making process.
- ☐ Please ask me before performing any interventions or procedures.
- ☐ I would prefer to give birth without interventions if possible.

Revealing the sex

- ☐ I already know the sex of my baby.
- ☐ Please announce the sex when my baby is born.
- ☐ Please let me or my partner announce the sex.



Postpartum recovery

When my baby is here, these are my preferences (check all that apply):

Immediately after birth

- | | |
|---|--|
| <input type="checkbox"/> I would like to hold my baby immediately after birth (skin-to-skin). | <input type="checkbox"/> I would prefer that the medical staff cut the umbilical cord. |
| <input type="checkbox"/> I would like my birthing partner to cut the umbilical cord. | <input type="checkbox"/> I would prefer delayed cord clamping (for at least one minute or until the cord stops pulsing). |
| <input type="checkbox"/> I would like to cut the umbilical cord myself. | |

Baby bonding

- | | |
|---|--|
| <input type="checkbox"/> I'd like to delay nonurgent procedures (like giving medication or weighing) for a little while so we can bond and start breastfeeding. | <input type="checkbox"/> I would like my baby to room-in with me at all times. |
|---|--|

Feeding preferences

- ☐ I plan to breastfeed exclusively and would like to try breastfeeding right away.
- ☐ I'm new to breastfeeding. Please help me with positioning and any tips.
- ☐ I plan to formula feed.

Newborn medications

- ☐ I plan to accept all routine newborn medications shortly after birth.
- ☐ I would like to delay some or all routine newborn medications.
- ☐ I am not sure about routine newborn medications. Please let me know what you recommend.

Emergency or special situations

In case of C-section

- ☐ I would like my birthing partner to be present in the operating room.
- ☐ I would like to have skin-to-skin contact with my baby soon after birth, if possible.
- ☐ I would like to be fully informed and involved in any decisions regarding a C-section.

If my baby needs special care

- ☐ Please allow my birthing partner to accompany the baby.
- ☐ I would like to be kept updated on my baby's condition at all times.

Additional notes or requests:

- _____
- _____
- _____
- _____

