

Birth Plan Template

Mother: _____ Hospital/Birth Center: _____

Father/Partner: _____

Baby's Name: _____ OB/Midwife: _____

Doula: _____ Due Date: _____

Other Support People: _____

Pediatrician: _____

Cystic Fibrosis Clinic: _____

Genetic Coding: _____

Double Lung Transplant:

Yes Date: _____

No

Medical History (list any current conditions you are receiving treatment):

Medications: _____

Introduce Yourself to Staff (i.e., personality, issues, fears, concerns): _____

Birth Environment:

- Please keep my birthing space dim with the door closed as often as possible.
- Please help us avoid unnecessary noise and visitors.
- We do NOT want any residents or students present during the labor and birth.

- We are fine with residents or students present during the labor and birth.
- I would like to bring my music to play.
- I would like to wear my clothing during labor and birth.
- I will be wearing the hospital gown the hospital provides.
- I plan on having photographs and/or videos taken during labor.
- I would like access to a bath or shower during labor.
- I will be bringing my medications/treatments with me.
- I will need the hospital to provide the following medications/treatments:

- Other: _____

Early and Active Labor Pain Management Preferences:

- I would like to utilize available technologies, medications, and procedures throughout labor; I want to receive pain medication when I arrive at the hospital.
- I would like to labor and give birth naturally. I would like to utilize relaxation techniques, movement, and other non-medical comfort measures before considering pain management medication.
- I prefer trying the following methods before being offered pain relief:
 - ___ Hydrotherapy
 - ___ Position Change
 - ___ Rebozo
 - ___ Aromatherapy
 - ___ Massage
 - ___ Hypnosis
 - ___ Relaxation Techniques
 - ___ Hot/Cold Therapy
 - ___ Counter Pressure
 - ___ Other:

- I prefer not to be offered pain relief unless medically indicated. If I feel that I need pain relief, I will request it using my code word: _____

Pain Medication Preferences:

- I prefer managing my labor pain with Neuraxial analgesia or anesthesia:
 - ___ Epidural
 - ___ Spinal
 - ___ Spinal Block
 - ___ Combined Spinal-Epidural

- I would like to manage early labor pain with sedative medications:
 - Nembutal
 - Secondal
- I would like to manage active labor pain with narcotic analgesics (all these medications are given through IV):
 - Stadol
 - Nubain
 - Demerol
 - Sublimaze
 - Talwin
- I would like to manage early and active labor with tranquilizer medications:
 - Phenergan
 - Valium
 - Sparine
 - Vistaril
 - Versed
- I would like to temporarily manage pain during active labor with inhalation analgesia: nitrous oxide gas; note: this treatment option is rarely available in US hospitals. Ask your caregiver about availability.
- I would like to manage pain during the pushing, crowning, and birthing stage with a local anesthetic:
 - Perineal block
 - Pudendal block
 - Paracervical block
- I would like to manage anxiety and pain throughout pre-labor and early labor with morphine.
- I prefer to be unconscious during labor and birth; I would like to use a general anesthetic to achieve this.
- Due to drug interactions, I CANNOT take the following medications:

Movement:

- I prefer to stay in bed as much as possible during labor.
- I prefer to use continuous electronic fetal monitoring (EFM) throughout labor.
- I prefer to utilize the maximum allowable freedom of movement during labor.
- To maximize mobility, I would like to avoid the following unless medically indicated and discussed:
 - IV fluid (I'd prefer access to food and drink throughout early and active labor)

- Continuous electronic fetal monitoring
- If I labored with EFM, I would like to utilize the following technologies, if available:
 - wireless EFM
 - waterproof EFM
 - intermittent EFM
- If I needed IV fluid at some point during labor, I would like to discuss the use of a heparin lock (Hep lock)/saline lock to retain my maximum mobility.

Induction & Augmentation:

- If my labor progresses slowly, I prefer using self-help techniques to augment my labor progress. I prefer not to augment my labor artificially or through medical technology unless medically indicated and discussed.
- I would like to use the following techniques before being offered medical augmentation options for slowly progressing labor:
 - Change position
 - Nipple stimulation
 - Acupressure
 - Acupuncture
 - Aromatherapy
 - Bowel stimulation with Castor oil
 - Bowel stimulation with enema
 - Walking
 - Relaxation
 - Other: _____
- If my labor progresses slowly, I would like to augment the process through the use of the following medical procedures:
 - Artificial oxytocin, Pitocin (note: this will be administered via IV)
 - Artificial rupture of the membranes (breaking the bag of water).
- I prefer to let my bag of water break spontaneously unless medically indicated and discussed.
- Once my bag of water is broken, please limit vaginal exams as much as possible.
- If my labor process must be induced, I would prefer to use the following method(s) for induction:
 - Cervical ripening agents (Prepidil gel, Cervidil suppository, Cytotec (misoprostol) tablet, balloon dilator)
 - Sweeping the membranes
 - Artificial oxytocin, Pitocin (note: this will be administered via IV)
 - Artificial rupture of the membranes (breaking the bag of water).

Pushing and Delivery Pushing:

- I would like to push lying on my back with my legs supported.
- I want to push in upright and semi-upright positions and be supported if I need to change positions throughout the pushing stage.
- I would like to use a birthing stool or chair while pushing if available.
- I prefer coached pushing; please help me work through this part of the labor.
- I prefer spontaneous, self-directed pushing. Allow me to push when I feel the urge to push.
- I would like to push with perineal support from my caregiver. I would like the following perineal support:
 - Warm compress on the vaginal outlet
 - Oil lubrication of the vaginal outlet (perineal massage)
- As long as my baby and I are doing well, I would like to push for as long as I can before considering interventions for slow progress.
- I prefer to avoid episiotomy and the use of vacuum extractors or forceps during delivery unless medically indicated and discussed.
- I prefer to avoid episiotomy unless there is fetal distress.
- I prefer a natural tear to an episiotomy.
- If my lung function starts to fail, I request the following:
 - Cesarean birth
 - Regional Analgesia

Birth and Afterbirth:

- When crowning, I would like to touch my baby's head.
- When crowning, I would like to see my baby with a mirror.
- Once born, I'd prefer my baby be placed directly on my chest. To achieve this, I would like to avoid:
 - Placing baby in a warmer unless medically indicated
 - Bulb suctioning unless medically indicated
 - Drying baby
 - Swaddling baby
- When born, I would like my baby cleaned, dried, and then placed on my chest.
- When born, I would like my baby cleaned, dried, and taken to the nursery so I can rest and recover.
- I prefer delayed clamping; please do not cut the cord until it stops pulsating.
- I would like _____ to cut the cord.
- I will be banking the cord blood.
- I will be donating the cord blood.
- Unless I am bleeding excessively, I would prefer to avoid routine oxytocin/Pitocin after I deliver the placenta.

- I will be preserving/using the placenta; please do not dispose of the placenta.

Newborn Care Routine Procedures:

- Please perform all routine newborn procedures.
- Please delay performing routine newborn procedures until an hour after birth.
- Please perform all necessary newborn procedures in my presence.
- Please do not perform the following routine newborn procedures:
- ___ Antibiotic eye ointment (erythromycin)
 - ___ Hepatitis B vaccine
 - ___ First bath
 - ___ Vitamin K injection (note: there are unique risks and necessary precautions when avoiding this routine; must be discussed with the caregiver).
- If the baby is male:
- _____ do circumcise him.
 - _____ do NOT circumcise him.

Feeding:

- I will be feeding my baby formula.
- I will be breastfeeding and formula-feeding my baby.
- I will be exclusively breastfeeding my baby. To achieve this, please:
- ___ Do not offer my baby a pacifier.
 - ___ Do not supplement my baby with any substance unless medically indicated.
 - ___ Allow my baby to room with me, not the nursery, unless medically indicated.
 - ___ Request that an IBCLC or other certified breastfeeding consultant visit with me and my baby after birth.

Unexpected Labor Events & Cesarean Birth Plan Unexpected Labor Events:

- I understand that unexpected situations and/or complications may arise during my labor.
- In the event of unexpected labor events and/or complications, I prefer to defer to my primary caregiver (doctor or midwife) for all decisions about my care.
- In the event of unexpected labor events and/or complications, I prefer to be able to make informed decisions about my care, and I would like to discuss any suggested intervention with my caregiver and my support person/people.

- In the case of suspected fetal distress indicated by fetal heart tones through electronic fetal monitoring, I would like to discuss the following fetal distress testing options with my caregiver: ___ Fetal scalp stimulation test ___ Fetal pulse oximetry
- In the event my lung function starts to fail, I would like _____ to be present when discussing my options.
- Other concern(s): _____

NICU Plan:

- If the baby is rushed to the NICU, I would like _____ to go with the baby, and I would like _____ to stay with me.
- If my baby needs immediate care in the NICU, I would like support, encouragement, and instruction on expressing my colostrum (first breast milk).
- If in the NICU, I would like my baby to be fed my colostrum/breast milk exclusively unless medically indicated and discussed.
- If in the NICU, I prefer that my baby be fed formula and/or other dietary supplements like glucose water.
- Other concern(s): _____

Cesarean Birth Plan:

- In the case of Cesarean surgery, I would like the following support people allowed in the operating room (partner, doula, family members, or friend(s)):

- I would like to play my music during surgery and birth.
- I would like to take photographs and/or videos.
- To manage pain during surgery, I prefer
___ General anesthesia
___ Regional anesthesia
- I would like to be as aware as I can of what is happening during surgery; to achieve this, please:
___ Tell me what is happening throughout the surgery
___ Lower screen slightly at birth for me to see the baby
- Unless medically indicated, I would like to have the baby placed on my chest, skin-to-skin, as soon after birth as possible.
- I would like to initiate breastfeeding as soon as possible.
- Other concern(s):
