

Birth Plan Checklist

Complete Name: _____
Your Partner's Name: _____
Baby/babies name(s): _____
Doctor or midwife: _____
Due date: _____
Your doula's name: _____

Preferences During Labor

This section may include any of the following:

- Partner answering questions upon check-in
- Environmental set up request
 - Dim lights
 - Flameless candles
 - Essential oils
 - Diffusers
 - Music
 - Other: _____
- Not being restricted to the bed upon arrival; freedom to move about in your space
- Allowed to eat and drink unrestricted
- Unnecessary noise or visitors in and out of the room
- I will be wearing the hospital gown
- Clothes from home for the birth
- Ok with having students present and or assisting me directly
- Not ok with having students present and or assisting me directly
- Access to Hydrotherapy (bath or shower)
- No vaginal examinations unless medically necessary.
- I prefer checks at certain windows (example: every four hours if no progress)
- I will not be having photography and videography
- We will be having photography and videography
- No mention of pain medications. If I feel the need, I will ask

- I would like pain medication at the proper time and want to know what all of my options are
- Complete informed consent of every single procedure
- I prefer intermittent monitoring with a handheld Doppler.
- I prefer EFM continuous monitoring
- I prefer no placement of IV, utilize a heplock
- I want an IV placed
- I prefer my labor to progress naturally without medication and given time to do this (walking, nipple stimulation, alone time with my partner, relaxation techniques)
- I am ok with the use of artificial Oxytocin, Pitocin
- I prefer to allow my membranes (bag of waters) to rupture naturally

Preferences During Delivery

- I prefer no coached pushing
- I prefer guidance when pushing
- I would like to birth my baby in whatever position is comfortable to me at the time
- I would like to use a birthing stool
- I would like no time limits on pushing as long as the baby and I are doing well
- I prefer to avoid an episiotomy unless medically necessary and only with informed consent beforehand
- I prefer to not have an assisted delivery with vacuum or forceps unless medically necessary
- I would like perineal support (warm washcloths and or oil lubrication on of vaginal outlet)
- I do not want perineal support (warm washcloths and or oil lubrication on of vaginal outlet)
- When crowning I would like the use of a mirror
- I would like my baby immediately placed on my chest and or my hands as the first to receive baby
- I do not want the vernix rubbed off my babies skin

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- Unless medically necessary, I do not consent to the routine use of Pitocin

 - I will or will not be banking the cord blood

 - I would or would not like my partner to cut the cord

 - Please do not cut the cord until it stops pulsating

 - I want my placenta to be delivered naturally and not pulled on

 - Please keep and refrigerate my placenta as I will be keeping it for encapsulation

 - Please discard my placenta

Preferences for Baby

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- Please perform all newborn procedures on my bed

 - Please delay the newborn exam for at least one hour postpartum

 - Baby will stay with us and all procedures or routine checks should be performed in our room

 - Please do not give my baby formula without my or my partner's consent, and then only if medically necessary, as I will be exclusively breastfeeding

 - Please provide formula for my baby

 - Please do or not perform the following routine procedures:
 - Vitamin K
 - Antibiotic (erythromycin) eye ointment
 - Hepatitis B Vaccine
 - Please give my baby a bath
 - Please do NOT give my baby a bath

Preferences for Postpartum Care

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- Please send a breastfeeding specialist to visit with me within a few hours postpartum

 - My room is a breast-free zone as I am unable to do so.

 - Please limit the number of visitors in my room

 - Please continue to keep my room dimly lit for rest

 - At the end of your birth plan, you can add a few sentences regarding special circumstances and a possible Cesarean plan.

Example:

We are looking forward to a normal and healthy birth and understand our choices and presume that this will be the case. Should a special circumstance arise, that could cause us to deviate from our planned natural birth, we trust that you will provide us with a clear explanation of the special circumstance, the medical need for any procedure you may anticipate, and what options might be available.

If a Cesarean birth is necessary, I would like a gentle, family-centered experience with the following choices:

- I do not want my arms strapped down during the operation
- I would like the ECG leads to be placed on my back, leaving my chest free for direct skin to skin as soon as the baby is born
- Lower the drape
- Use a clear surgical drape so I can see my baby being born
- Please explain the surgery step by step
- I would like to have a slow delivery with the intent of stimulating the “vaginal squeeze”
- I would like to breastfeed immediately
- If for some reason I am unable to do skin to skin, I would like my partner to do so immediately

Other specifications:

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