

'S Birth Plan

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Dear healthcare providers & support staff,

Name:

Partner:

My Date of Birth:

Pediatrician:

Estimated Due Date:

This is my baby

Important Pregnancy Facts...

I am GBS and am electing to antibiotics in labor.

My blood type is:

During this pregnancy, I have had

Anemia

Gestational Diabetes

Low Blood Pressure

High Blood Pressure

Support Team Members

Labor

Birth

Postpartum

Partner:

Parents:

Other Children:

Doula:

Other(s):

The following page contains my labor and birthing preferences, I consider them all valuable for me to have an emotionally healthy birth experience, although these three items I consider to be the most important to me and would truly appreciate you to helping me achieve them:

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YOU CAN SUPPORT ME THROUGH LABOR BY...

Playing the music I've provided.

Keeping the lights DIM.

Being as QUIET as possible.

Using words of encouragement

Not asking me about my pain level or offering me pain medications.

If I don't have an epidural, allowing me to direct my own pushing.

I would like time to discuss decisions alone with my support team.

Other:

MY DELIVERY PREFERENCES...

I am hoping to deliver my baby

or

I to deliver in the water (if possible).

I my perineal tissue to be supported with counterpressure and warm compresses.

I to have a mirror to see the baby being born.

I to touch my baby's head as it is crowning.

I to discover my baby's gender on my own.

Cord & Placenta Preferences

I the cord to stop pulsating before it is cut.

I the placenta to deliver before the cord is cut.

I am the cord blood banked.

I to take my placenta with me.

POSTPARTUM & MY NEWBORN

I the Vitamin K injection administered.

I my baby to receive erythromycin eye ointment.

I my baby to have the Newborn Metabolic Screening performed.

I my baby to receive the Hepatitis B vaccine.

I circumcising my baby with

I exclusively breastfeeding my baby. Please offer my baby a bottle or pacifier.

I all newborn exams to be performed in my presence and for them to be skin to skin when possible.

I to see and touch my placenta and umbilical cord.

Other:

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Please ensure all medications are suitable for breastfeeding.

I would like a non-drowsy anti-nausea medication if possible.

Please explain the surgery to me as it happens.

I sedatives after the surgery.

Please the screen just before delivery so I may see the birth of my baby.

If my baby is not in distress, please allow the cord to stop pulsing before cutting and clamping.

Please do not restrain my arms, I will make every effort not to touch anything sterile.

Please allow skin to skin immediately after delivery and evaluate baby on my chest when possible.

Please the cord long for dad to cut while baby is in my arms.

I to see and touch the placenta and umbilical cord.

I taking the placenta home, please discard it.

Other: