



# My Birth Plan

Every birth is different and we would like to know your preferences. Print and fill out this birth plan to prepare yourself (as much as possible) for delivery. Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.

Our goal is to have a healthy mom and a healthy baby. If you have questions about your care or plan, please discuss this with your provider.

My Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Labor Support: \_\_\_\_\_

Baby Feeding Plan: \_\_\_\_\_  Single  Twins  Triplets

Baby Gender: My baby is a boy. His name is: \_\_\_\_\_

My baby is a girl. Her name is: \_\_\_\_\_

## Labor Preparation/Preferences

### I have completed the following:

- Consent forms *(if applicable)*
- Insurance forms *(if applicable)*
- Cord blood materials and instructions *(if applicable)*
- Other

### My anticipated delivery method is:

- Vaginal
- Repeat C-section
- Trial of labor after cesarean
- VBAC
- Who will accompany in OR: \_\_\_\_\_

### Delivery room environment preferences:

- Dim lighting
- Birthing ball
- Music provided by patient
- Minimal sound
- Photos from home
- Other: \_\_\_\_\_

### If I have a vaginal birth, I would like:

- To view the birth using a mirror
- To touch my baby's head as it crowns
- For the hospital staff to help me with pushing techniques
- To be able to feel the urge before starting to push
- To have Dad (or someone else) cut the umbilical cord
- To delay cord clamping
- My support persons to help push

### Pain management during labor:

- Natural techniques (such as shower, whirlpool, breathing techniques, or massage (patient to provide))
- IV medication
- Epidural
- Please minimize asking about pain medicine unless you really think I need to reconsider options

### I would like to have these 5 people in the delivery room:

\_\_\_\_\_  
\_\_\_\_\_

### Religious, cultural or other requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



