



Birth Plan



This birth plan is to express our preferences for the birth of our baby. This is not intended to be a script, since situations may arise such that our plan can not be followed. We hope you'll be able to keep us informed and aware of our options, and discuss with us any procedures or medications before administering them, whenever possible. We greatly appreciate your cooperation in realizing our plan.

Mother's Name: _____

Baby-to-be's name: _____

Doula's Name : _____

Midwife/O.B's Name: _____

Pediatrician's Name: _____

Birth Enviroment

- Dim Light
- Music
- Doula
- Professional Photographer
- My own Clothes
- Hospital Gown

Delivery

- Choose the position to push
- Be coached during pushing
- Feel the urge to push
- Not have an episiotomy
- Stay conscious in case of c-section
- Keep the placenta after birth
- If possible, have time to think about any interventions

Labor

- No students in the room
- IV Catheter for fluids only if needed
- Be able to move around
- Labor at home as much as possible
- Intermittent or wireless monitoring
- Natural Pain Relief Methods Only
- Epidural
- Cervix check as less as possible

Golden Hour / Postpartum

- Skin-to-skin as soon as possible
- Delay umbilical cord campling
- My partner will cut the umbilical cord
- Avoid formula
- No bath at the hospital
- Keep my baby with me at all times
- Delay all newborn procedures during golden hour

Notes

