

Associates in Women's Healthcare
BIRTH PLAN for

Check off all of your preferences for childbirth. Once you have completed your birth plan, bring it to your next prenatal appointment so you can discuss it with your physician. Your birth plan will be put in your chart so the medical and hospital staff can review it when you are admitted to labor and delivery. Your doctor must approve your birth plan by your 34th week of pregnancy. Please realize that certain circumstances that arise during labor may limit the number and kinds of choices you will have. Your doctor will discuss them with you before or during labor.

Environment

- I would like to limit the number of guests and phone calls while I am in labor by disconnecting my phone and be having a sign posted on my door.
- I would like the lights in the room to be lowered.
- I would like to bring music.

Labor

- I would like to be out of bed as much as I want during labor (such as walking, rocking).
- I prefer to have intermittent fetal monitoring.
- If I need to have an IV, I would prefer to have saline lock (access only).
- I would prefer that the amniotic membrane "bag of water" rupture naturally.

Pain management

- I plan on using alternative pain relief options (such as breathing exercises, visualization/relaxation, massage, shower, position changes). I will ask for pain medication if I need it.
- I would like to be offered pain medication if you see I am uncomfortable.
- I would like to have an epidural as soon as possible.
- I am considering having an epidural or using pain medication, but will decide when I actually in labor.

Delivery

- I would like the option to be in a position other than lying on my back when I give birth if possible (such as semi-sitting, squatting, lying on my side).
- I would like a mirror available to view the birth.
- I would like to touch my baby's head as it crowns.
- I would like to hold my baby skin to skin immediately after delivery.
- I would prefer that the baby be dried off before being brought to me.
- I would like to have _____ cut the cord, if possible.

Postpartum

- I would like to delay newborn procedures (such as bathing, measuring, physical exam, eye medication, vitamin K injection) during the first hour so that I have a chance to feed and bond with my baby.
- I want all procedures that are done and all medications that are given to my baby explained to me before they are carried out by the medical staff.
- I would like to have the baby evaluated and bathed in my presence.
- If the baby must be taken from me to receive medical treatment, I would like _____ to accompany the baby.
- I plan on breastfeeding my baby.
- I would like to meet with a specialist who can help me learn to breastfeed effectively.
- I would like to be consulted before my baby is given a bottle or pacifier.
- If I have a boy, I do / do not (circle one) plan on having him circumcised at _____.

Patient Name: _____ DOB: _____

Physicians Name: _____ Due Date: _____

Patient Signature	Date
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