My Birth Plan

A birth plan is a list of preferences or wishes for your childbirth experience. It will not limit your options once you begin to labor, and you may change your mind at any time. All deliveries are unique; we cannot guarantee that all of your preferences will be appropriate for your delivery. The safety of you and your baby is our number one priority. We encourage you to discuss your birth plan with your OB or midwife prior to your delivery date.

Mother: ________________________________________
Partner: ________________________________________
Baby: __________________________________________
Physician/Midwife: ________________________________
Pediatrician: ____________________________________
Doula: __________________________________________

Environment
☐ I would like the guests listed below in my room while I am in labor. I understand that only 4 guests are allowed in the room at a time.
__________________________________________

☐ I would like to have the lights dimmed during labor.
☐ I would like to have music playing during labor.
☐ I would like to use essential oils/aromatherapy.
☐ I plan to use a focal point that I have brought from home.
☐ I understand that photos and video may be taken after the delivery of my baby.

Labor
☐ I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using birthing ball, etc.), if safe and possible.
☐ I would like to have my IV heparinized so I am free to move around during labor.
☐ I would like to have the option to use the shower during labor.
☐ I would prefer natural childbirth options (no pain medications or epidural).
☐ Please do not offer me any sort of pain medications. I will ask for them if I decide I want them. This includes the epidural.
☐ I plan on using IV pain medications to cope with the pain of labor.
☐ I am considering using pain medications and epidural, but I will decide when I am in labor.
☐ I plan to have an epidural placed to cope with the pain of labor and birth.
☐ I would prefer to wait for the amniotic membrane to rupture spontaneously. If the need to have my water broken arises, please discuss with me before breaking my water.
Birth

☐ I would like to use a mirror to view the birth of my baby.
☐ I would like the following person to cut the umbilical cord:

☐ I would like to have delayed cord clamping and cutting of the umbilical cord, if safe and possible.
☐ I am planning to bank my baby’s cord blood.
☐ I plan on taking my placenta home with me when I am discharged.
☐ I plan to do skin-to-skin immediately after delivery.

Cesarean Section

☐ I would like to ask my surgeon if the screen could be lowered so that I can watch the birth of my baby.
☐ I would like to have my support person cut (shorten) the umbilical cord.
☐ I plan to donate my placenta to help burn victims.
☐ I would like to do skin-to-skin with my newborn in the operating room.
☐ I would like my support person to do skin-to-skin with my newborn in the operating room.

Newborn Care

☐ I would like all newborn procedures and medications explained to me before they are carried out or administered by the staff.
☐ If my baby needs to leave my side for any reason, I would like the following person to accompany my baby, and to remain present for all procedures:

☐ I would like my baby’s first bath to be done in the room with me.
☐ If my baby is having a painful procedure (circumcision, metabolic screening, etc.) I would like to be consulted before a pacifier or sugar water is used.

I plan to:
☐ BREASTFEED only  ☐ BREAST and FORMULA feed  ☐ FORMULA feed only

☐ I would like to have a lactation consultant see me during my hospital stay.
☐ If my baby needs formula for a medical reason, I would like to be informed first.
☐ If my baby requires ongoing supplementation, I would like help from my nurse in learning how to hand express my own milk for my baby.
☐ If I have a boy, I plan to have him circumcised.

These are my preferences for my stay at Erlanger Health System for the delivery of my baby. The nurse and I have discussed these options, and all questions have been answered. I understand the importance of collaborative care in planning for a safe and supportive birth. I have discussed my birth plan and preferences with my doctor or midwife before labor.

Signature: __________________________________________