



Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

Full name:	Partner's name:
Today's date:	Due date/Induction date:
Doctor's name:	Hospital name:
Please note that I: Have group B strep Am Rh incompatibility with baby Have gestational diabetes	My delivery is planned as: Vaginal C-section Water birth VBAC
I'd like Partner: Parents: Other children: Doula: Other:present before AND/OR during labor	
During labor I'd like	
Music played (I will provide)	To wear my own clothes
The lights dimmed	To wear my contact lens the entire time
The room as quiet as possible	My partner to film AND/OR take pictures
As few interruptions as possible	My partner to be present the entire time
As few vaginal exams as possible	To stay hydrated with clear liquids & ice chips
Hospital staff limited to my own doctor and nurses (no students, residents or interns present)	To eat and drink as approved by my doctor





I'd like to spend the first stage of labor: Standing up Lying down Walking around In the shower In the bathub	I'm not interested in: An enema Shaving of my pubic area A urinary catheter An IV, unless I'm dehydrated (and a heparin or saline lock IS/IS NOT okay)
I'd like fetal monitoring to be: Continuous Intermittent Internal	 External Performed only by Doppler Performed only if the baby is in distress
I'd like labor augmentation: Performed only if baby is in distress First attempted by natural methods such as nipple stimulation Performed by membrane stripping Performed with prostaglandin gel	Performed with Pitocin Performed by rupture of the membrane Performed by stripping of the membrane Never to include an artificial rupture of the membrane
For pain relief I'd like to use: Acupressure Acupuncture Breathing techniques Cold therapy Demerol Distraction Hot therapy Hypnosis Massage	Meditation Reflexology Standard epidural TENS Walking epidural Nothing Only what I request at the time Whatever is suggested at the time





During delivery I would like to: Squat Semi-recline Lie on my side Be on my hands and knees Stand Lean on my partner	Use people for leg support Use foot pedals for support Use birth bar for support Use a birthing stool Be in a birthing tub Be in the shower
I will bring a: Birthing stool Birthing chair	Squattng bar Birthing tub
As the baby is delivered, I would like to: Push spontaneously Push as directed Push without time limits, as long as the baby and I are not at risk Use a mirror to see the baby crown Touch the head as it crowns Let the epidural wear off while pushing Have a full dose of epidural	Avoid forceps usage Avoid vacuum extraction Use whatever methods my doctor deems necessary Help catch the baby Let my partner catch the baby Let my partner suction the baby
I would like an episiotomy: Used only after perineal massage, warm compresses and positioning Rather than risk a tear Not performed, even if it means risking a tear Performed only as a last resort	Performed as my doctor deems necessary Performed with local anesthesia Performed by pressure, without local anesthesia Followed by local anesthesia for the repair





Immediately after delivery, I would like: My partner to cut the umbilical cord The umbilical cord to be cut only after it stops pulsating To bank the cord blood To donate the cord blood	 To deliver the placenta spontaneously and without assistance To see the placenta before it is discarded Not to be given Pitocin/oxytocin
If a C-section is necessary, I would like: A second opinion To make sure all other options have been exhausted To stay conscious My partner to remain with me the entire time The screen lowered so I can watch baby come out	 My hands left free so I can touch the baby The surgery explained as it happens An epidural for anesthesia My partner to hold the baby as soon as possible To breastfeed in the recovery room
I would like to hold baby: Immediately after delivery After suctioning After weighing After being wiped clean and swaddled Before eye drops/ointment are given	I would like to breastfeed: As soon as possible after delivery Before eye drops/ointment are given Later Never
I would like my family members: (names:) To join me and baby immediately after delivery To join me and baby in the room later	Only to see baby in the nursery To have unlimited visiting after birth





I would like baby's medical exam & procedures: Given in my presence Given only after we've bonded Given in my partner's presence To include a heel stick for screening tests beyond the PKU To include a hearing screening test To include a hepatitis B vaccine	Please don't give baby: Vitamin K Antibiotic eye treatment Sugar water Formula A pacifier
I'd like baby's first bath given: In my presence In my partner's presence By me By my partner	I'd like to feed baby: Only with breastmilk Only with formula On demand On schedule With the help of a lactation specialist
I'd like baby to stay in my room: All the time During the day Only when I'm awake Only for feeding Only when I request	I'd like my partner: To have unlimited visiting To sleep in my room
If we have a boy, a circumcision should: Be performed Not be performed Be performed later	Be performed with anesthesiaBe performed in the presence of me AND/OR my partner





As needed post-delivery, please give me: Extra-strength acetaminophen Percoset Stool softener	After birth, I'd like to stay in the hospital: As long as possible As briefly as possible
Laxative	
If baby is not well, I'd like:	
My partner and I to accompany it to the NICU or another facility	
To breastfeed or provide pumped breastmilk	
To hold him or her whenever possible	