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

<table>
<thead>
<tr>
<th>Please note that I:</th>
<th>My delivery is planned as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Have group B strep</td>
<td>☐ Vaginal</td>
</tr>
<tr>
<td>☐ Am Rh incompatibility with baby</td>
<td>☐ C-section</td>
</tr>
<tr>
<td>☐ Have gestational diabetes</td>
<td>☐ Water birth</td>
</tr>
<tr>
<td></td>
<td>☐ VBAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I’d like...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Partner:</td>
<td></td>
</tr>
<tr>
<td>☐ Parents:</td>
<td></td>
</tr>
<tr>
<td>☐ Other children:</td>
<td></td>
</tr>
<tr>
<td>☐ Doula:</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

...present before AND/OR during labor

**During labor I’d like...**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Music played (I will provide)</td>
<td>☐ To wear my own clothes</td>
</tr>
<tr>
<td>☐ The lights dimmed</td>
<td>☐ To wear my contact lens the entire time</td>
</tr>
<tr>
<td>☐ The room as quiet as possible</td>
<td>☐ My partner to film AND/OR take pictures</td>
</tr>
<tr>
<td>☐ As few interruptions as possible</td>
<td>☐ My partner to be present the entire time</td>
</tr>
<tr>
<td>☐ As few vaginal exams as possible</td>
<td>☐ To stay hydrated with clear liquids &amp; ice chips</td>
</tr>
<tr>
<td>☐ Hospital staff limited to my own doctor and nurses (no students, residents or interns present)</td>
<td>☐ To eat and drink as approved by my doctor</td>
</tr>
</tbody>
</table>
### I'd like to spend the first stage of labor:

- Standing up
- Lying down
- Walking around
- In the shower
- In the bathtub

### 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
- Squatting 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
If we have a boy, a circumcision should:

- Be performed
- Not be performed
- Be performed later

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 my partner:

- To have unlimited visiting
- To sleep in my room

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
As needed post-delivery, please give me:

- Extra-strength acetaminophen
- Percoset
- Stool softener
- Laxative

After birth, I’d like to stay in the hospital:

- As long as possible
- As briefly as possible

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