My Birth Plan

D	Date:	
Due	Date:	



Your Name:	
Spouse/Partner's Name:	
Others to be Present During Labor and Birth	1:
Childbirth Preparation/Education Method: Doula/Birth Partner: Pediatrician:	
understand that this document reflects my birth prefer on the situation occurring, it may need to be altered for	ences, it is not a medical document, and that depending the safety of myself and my child. Ask your provider to to the hospital when your labor begins.
My delivery is planned as: Vaginal delivery C-section VBAC During labor, I prefer: Music played Dimmed lights Quiet room As few interruptions As few vaginal exams Peanut ball My partner to be present at all times Hydrate with clear liquids & ice chips During the 1st stage of labor, I prefer: Standing Laying down Walking around Comments:	I am planning to collect Cord Blood No Yes Donation Tissue Blood Company: For pain relief, I prefer: IV medications Epidural Only what I request at that time Whatever is suggested Nothing, please do not suggest epidural Comments: For delivery position, I prefer: Laying on back (regular position) Laying on side Hands and knees Using birth bar
For fetal monitoring, I prefer: Continuous Intermittent understand that if I am to be induced or need Pitocin started, ontinuous monitoring must be implemented. f I need labor augmentation, I prefer: Pitocin Artificial rupture of membranes Both Comments:	□ Squat Comments: □ I understand that an epidural or inability to monitor the baby appropriately may require a different position than I prefer. As the baby delivers, I prefer to: □ Be directed on pushing □ Push spontaneously □ Use a mirror to see the baby crown □ Let the epidural wear off while pushing □ Have a full dose of epidural □ Touch the head as it crowns
	Use mineral oil/lubricants

If I require assistance at delivery,	For the placenta, I prefer:
I prefer:	☐ To look at it before it is discarded
☐ Episiotomy	☐ To take it home with me
Operative delivery with forceps/vacuum	☐ To have it discarded I understand that the placenta may need to be sent to the lab if the provider deems it necessary.
☐ Cesarean section	
☐ No preference	
Louis de la la contra de la contra del contra de la contra del contra de la contra del contra de la contra del contra de la contra de la contra del la contra del la contra de	If a C-section is necessary, I prefer:
Immediately after delivery, I prefer: √ Delayed cord clamping	All other options have been exhausted
✓ Skin to skin	 Explanation of risks/benefits and indication for the procedure
	☐ My partner to hold the baby ASAP
☐ My partner to cut the cord	☐ Breastfeed in the recovery room
Baby to go to the warmer	I understand that my partner will be allowed in the operating room as long as there are no complications. I understand that delayed cord clamping is implemented standardly during C-section, unless the pediatrician needs to assess the baby immediately.
Other:	
Comments:	1 110 . 1 . 6 1
I understand that at Siblev, delayed cord clamping and skin to skin	I would like to breastfeed: ☐ As soon as possible after delivery
I understand that at Sibley, delayed cord clamping and skin to skin immediately after birth are standard. However, implementation is deemed by the pediatrician/doctors depending on the condition of the baby. Likewise, for cutting the cord, my partner may not be	☐ Later after resting
able to if the baby must be evaluated immediately.	☐ I prefer to bottle feed
I would like to hold baby:	·
☐ Immediately after delivery	Comments:
☐ After suctioning	
☐ After weighing/measurements	I would prefer the baby not to receive: Vitamin K shot
☐ After being wiped clean and swaddled	☐ Antibiotic eye ointment/drops
Comments:	☐ Formula
	☐ A pacifier
I prefer baby's medical	Comments:
exams/procedures:	Comments.
\square Given in my presence	
\square Given in my partner's presence	I would like to feed baby: ☐ Only with breastmilk
Comments:	Only with formula
	☐ On demand
I prefer my baby's first bath be given:	☐ On schedule
☐ In my presence	
☐ In my partner's presence	☐ With the help of a lactation consultant
☐ By me	Comments:
☐ By my partner	
Comments:	If we have a boy, circumcision should:
	☐ Be performed
	☐ Not be performed
	Comments:
D) :	

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