

My Birth Plan

(For a normal, full-term delivery)

Name: _____

Partner/Support Person: _____

Hospital Admission & Procedures

My plan is to:

- Have a Heparin Lock versus a continuous drip IV, and to stay hydrated by drinking clear fluids and eating light foods if I wish
- Walk and move around as I chose
- Take photos/video
- Have intermittent rather than continuous electronic fetal monitoring
- Be allowed to progress free of stringent time limits and have my labor augmented only if necessary
- I do **NOT** want my bag of waters ruptured, or to have an episiotomy or other surgery done unless medically necessary

Pain Management & Other Medications

- Please do not offer me pain medication. Please encourage me to move around, breathe deeply, shower, and perform relaxed and positive thinking techniques
- Please do not administer Cytotec, Pitocin, or other labor inducing drugs, unless necessary for the health and well being of my baby or me

During & After Delivery

- During labor I request that my support person(s) be allowed to stay with me at all times
- When it's time to push I'd like to do so instinctively
- I would like to use the squatting bar if desired
- I would like for my husband or support person to cut the umbilical cord
- I would prefer to have no visitors in my room until after the birth of our child

As long as the baby and I are doing fine, I'd like to:

- Have skin-to-skin contact as soon as possible, putting off procedures that are not urgent
- Delay the application of eye ointment to the baby's eyes and cord clamping
- Have my baby's tests performed while in contact with me so my baby is not taken from me until after he/she has breastfed

Postpartum & Feeding

- I would like 24-hour rooming with my baby
- We do **NOT** want to circumcise our baby
- I would like to receive help and education to breastfeed successfully
- I'd like to breastfeed exclusively and for the baby to be fed on demand
- Please do not offer my baby a bottle, sugar water, formula, or pacifier
- I would like to be given instructions on the use of an electric breast pump if my baby is unable to breastfeed or is separated from me due to a medical condition within 6 hours after delivery

Patient Signature

Date