

Mother, Baby and Me BIRTH PLAN

Introduction of yourself

Example:

"Hello, I am Juana dela Cruz and accompanying me is my husband Juan. We understand the policies of the hospital and the changes in the Delivery Room set-up because of the pandemic, But in spite of the situation we're hoping for a natural childbirth ility

without unnecessary intervention or the use of drugs. We appreciate your support with our birth preferences. This plan represe our preferences; however, we recognize that in the event of unforeseen difficulties it may need to be re-negotiated. In this eventual please discuss all procedure options with us."
Labor Augmentation and/or Induction
I would like to avoid an induction if at all possible
If augmentation of labor is necessary, I would like to try alternative means of augmentation, such as walking
or nipple stimulation before Pitocin or artificial rupture of membranes is attempted
Please do not artificially rupture my membranes unless medically indicated
Labor
Please allow only essential staff in the room (i.e. no residents, medical students or other personnel)
I do not mind having medical or nursing students present during my labor
I would prefer if staff entering the room would know and introduce themselves to me so that I know who they
are
Allow me to eat light throughout the labor if I wish to
Allow me to hydrate by drinking (water, juice, ice chips) instead of having an IV
If there is an option, please allow me to have a heplock instead of an IV in order to remain mobile
I would like to be free to ambulate and use the bathroom as needed or desired
If situation permits, I would like to have intermittent rather than continuous electronic fetal monitoring
I would prefer to be monitored continuously
I would like to play my own music during labor and delivery
Please limit the number of vaginal exams
I wish to labor freely in the shower or in the birthing tub
If available, I would like to stay in a private room. Please have a cot provided for my partner
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Anesthesia and Pain Medication
Please don't offer me pain medication unless I ask for it
I would like to have an epidural as soon as permissible
If I decide I want pain relief, I would prefer an epidural instead of IV medications
If I decide I want pain relief, I would prefer IV medications prior to getting an epidural
Please don't offer me pain medication unless I ask for it
I would like to have an epidural as soon as permissible
If I decide I want pain relief, I would prefer an epidural instead of IV medications
If I decide I want pain relief, I would prefer IV medications prior to getting an epidural
Vaginal Birth
I would like a quiet, dimly lit, soothing environment during labor with minimal interruptions
Even if I am fully dilated, I would like to start to fee the urge to push before beginning the pushing phase
When it's time to push, please allow me to do so instinctively
If the situation permits. I would like to be allowed to labor free of time limits

	When it's time to push, please coach me on when to push and for how long	
H	I would like to push and deliver in any position I like. Please help with finding different positions	
H	I would like to have a mirror available to view the birth	
H	I would like the option to touch my baby's head as it crowns	
H	I would like to avoid an episiotomy I prefer to have an episiotomy than to tear	
H	Please allow my partner to help "catch" our baby if at all possible	
H	I have decided to bank/donate our baby's umbilical cord blood	
H	Please show me the placenta after it is delivered	
H	I would like to take the placenta home with me	
H	I would like to record this wonderful experience with photographs and/or video if the hospital permits it	
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Ce	sarean Section Delivery	
	If cesarean is necessary, and the situation permits, I would like to be fully informed of risks/benefits and	
_	alternatives to all procedures and actively participate in the decision making	
	Please allow my partner to be present at all times during the cesarean	
	Please explain the surgery step-by-step as it happens	
Ш	I would like to breastfeed my baby in the recovery room	
Immediately Postpartum		
	After delivery please place my baby skin to skin on my stomach/chest, postponing any procedures that	
	aren't urgent	
	I am planning to breastfeed exclusively	
	I am planning to both breastfeed and formula feed	
	I am planning to formula feed exclusively	
	Please do not offer a pacifier to my baby	
	Please perform all newborn procedures in my presence	
	Please hold off bathing the baby until we have had a chance to bond	
	I would like to postpone any testing or vaccinations until I have had a chance to bond with my baby	
	I would like my son to be circumcised at the hospital	
	I am not planning to have my son circumcised	
	Assuming I feel up to it and we are healthy, my baby and I would like to be released from the hospital as soon	
	as possible	
Ne	wborn Care	
П	I would like to regulate my baby's body temperature by skin to skin contact during the first hours	
Ħ	I would like my son to be circumcised later	
Ħ	I would not like my son circumcised	
Ħ	Situation permitting, I would like to be discharged from the hospital early	
Ħ	Please evaluate my baby and perform the bath at my bedside	
Ħ	If my baby must go to the nursery, please allow my partner to accompany him/her at all times	
Ħ	I would prefer to bathe my baby myself and at my discretion	
	Please delay the eye ointment until we are well past the initial bonding period	
	I would like to waive the administration of eye antibiotics	
	I would prefer to have Vitamin K administered orally	
	I would like to waive the administration of Vitamin K	
Postpartum Care		
	Assuming I feel up to it and we are healthy, my baby and I would like to be released from the hospital as soon	
	as possible	
Ш	I would like to see a lactation specialist/nurse if they are available	