My Birth Plan

Due Date : _____
Dr/ OB: _____
Place of birth: _____

Partner Name: _____
Relationship:_____
Present For Birth: YES___ NO____

The most important thing to me about my birth is:

_____

_____

During Labour I Would Like:

- [ ] Dim Lighting
- [ ] Music
- [ ] To be free to walk/move around
- [ ] To eat/drink as I please
- [ ] To try different positions
- [ ] To use a birth ball

For Pain Management I Would Like:

- [ ] Acupressure
- [ ] To use breathing techniques
- [ ] Hydrotherapy (bath and shower)
- [ ] Massage
- [ ] Distraction
- [ ] TENS
- [ ] Laughing gas
- [ ] Open to Epidural
- [ ] Open to narcotics
- [ ] Essential Oils (for nausea or other)

During the Pushing Phase I Would Like:

- [ ] To push as my body feels it needs to
- [ ] To avoid the use of forceps or vacuum
- [ ] To be coached
- [ ] To avoid an episiotomy (unless medically necessary as a last resort)
- [ ] To avoid a tear using a warm compress and letting baby's head rest against my perineum for a short time
- [ ] To give birth in whatever position feels most comfortable to me

After the Birth I Would Like:

- [ ] Immediate skin to skin
- [ ] _____ to cut the cord
- [ ] Delayed cord clamping
- [ ] Newborn procedures to be done on me
- [ ] Oxcitocin Shot

- [ ] Vitamin K (Baby)
- [ ] Erythromycin (Baby)
- [ ] To attempt to latch as soon as possible.

After the Birth I Would Like:

- [ ] To be allowed to sleep uninterrupted.
- [ ] To Breastfeed
- [ ] To Formula Feed
- [ ] To Pump/combination feed
- [ ] To feed on demand
- [ ] To feed on a schedule
- [ ] To have Tylenol/Ibuprofen for after pains

Other Notes and Needs:

_____
_____
_____
_____
_____
_____

Thank you for helping me achieve a positive birth experience!