

# **Birth Plan**

Name: \_\_\_\_\_

Provider: \_\_\_\_\_

Doula: \_\_\_\_\_

Birth Location: \_\_\_\_\_

My delivery is planned as: \_\_\_Vaginal \_\_\_VBAC \_\_\_Cesarean \_\_\_Water

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*I understand that the following birth plan is subject to change based on circumstantial preferences and medical emergencies. However possible, I request that my care providers & doula take into consideration the following to ensure that my birthing experience & bodily autonomy is respected to the fullest extent:*

**I would like the following support people present at my birth:**

**During my labor & delivery I would like the following comfort items:**

**I would like to implement the following cultural considerations:**

**I would like the option to spend the early stages of labor:**

- At home
- In shower
- In bath
- Walking
- Lying down
- Being able to eat & drink
- \_\_\_\_\_

**I would like to avoid the following interventions (unless deemed medically necessary):**

- Artificial Rupture of Membranes (AROM)
- Frequent Cervical Exams
- Pitocin Induction
- Urinary Catheter
- IV Fluids
- Nitrous Oxide
- Epidural
- Forceps
- Vacuum Extraction
- Episiotomy

## Birth Plan

**I am open to the following pain management techniques:**

**Immediately after delivery (unless in case of emergency) I would like:**

- Delayed cord clamping (do not cut umbilical cord until it stops pulsating)
- Immediate skin to skin contact with baby
- No eye drops administered to baby
- Vitamin K drops instead of injection administered to baby
- To not be given Pitocin (*unless emergency is present*)
- To be notified of initiation of Fundal Massage
- \_\_\_\_\_

**I want to feed my baby by:**

- Breastfeeding immediately after delivery
- Waiting to breastfeed
- Breastfeeding on demand
- Using formula
- Using donated breast milk / milk bank

**I want my placenta to be:**

- Presented to me, then discarded
- Hidden from me, then discarded
- Presented to me, then preserved
- Hidden from me, then preserved
- Encapsulated
- Donated for research

**I want my cord blood (which contains newborn stem cells) to be:**

- Banked
- Donated
- Discarded

**I will only allow medical exams, procedures & bathing to be performed on my baby in the presence of:**

- Me
- My Partner
- My Doula
- \_\_\_\_\_

**I will only allow the following family members to visit me and the baby while in recovery:**