Your Plan for Childbirth

We want to help you have a safe and fulfilling birth experience. Fill out the following childbirth plan with your preferences for your baby’s birth. Give a copy of this to your health care provider for your medical chart. Your provider will advise you about any health concerns, hospital policies, or anything else that may affect your labor plan. This can help you think about alternatives if things don’t go exactly as planned. Be flexible in your expectations, and you are more likely to enjoy your baby’s birth. Please bring this form with you to your prenatal visits and to the hospital.

SUPPORT DURING LABOR AND BIRTH:

- Who will be your main support person? ____________________________________________

  If you need to have a cesarean birth, will your main support person be with you? [ ] Yes [ ] No
  (In rare cases this won’t be possible.)

- Please write the name of any other person who is important to have with you:
  During labor __________________________________________
  At the time of birth ______________________________________

- If the baby’s siblings are going to be present during labor and/or birth, please list name(s)/age(s) and their health care provider.
  Name/Age __________________________________________________
  GUARDIAN DURING VISIT HEALTH CARE PROVIDER
  Name/Age __________________________________________________
  GUARDIAN DURING VISIT HEALTH CARE PROVIDER

- Do you want the nurses to help you and your partner control the number of visitors? [ ] Yes [ ] No

BIRTH ENVIRONMENT:

- Describe the environment you and your partner hope to create:
  ________________________________________________________________
  ________________________________________________________________

- Do you plan to film the birth? [ ] Yes [ ] No
  If so, have you talked about it with your health care provider? [ ] Yes [ ] No
  (Most hospitals have policies that may prohibit filming the delivery of your baby.)

PAIN MANAGEMENT:

- There are several ways to manage pain during labor. Check the ones you might be interested in, and talk with your health care provider about your choices.
  - [ ] Be able to change position and walk around
  - [ ] Relaxation, breathing, and comfort measures
  - [ ] Be able to change position and walk around
  - [ ] Be able to change position and walk around
  - [ ] Medicines, anesthesia only at mother’s request
  - [ ] IV pain medicine
  - [ ] Epidural when labor allows
YOUR PREFERENCES, PERSONAL WISHES:

▶ What would you like your health care team to know, in order to give you better care (your cultural, religious, traditional, or personal wishes)?

▶ Please check your preferences for your baby’s birth:

  Birth Position:  ☐ Lying  ☐ Lying on your side  ☐ Semi-sitting  ☐ Sitting upright  ☐ Squatting  ☐ Other

  Also:  ☐ If possible, avoid episiotomy  ☐ Hot compresses or perineal massage for stretching  ☐ Partner cuts cord

▶ Please check your preferences for your baby’s care:

  ☐ Mother/partner give the first bath.

  ☐ No circumcision.

  ☐ Plan circumcision in the hospital before we leave the hospital.

  ☐ Plan circumcision after we leave the hospital.

  ☐ I plan to breastfeed. We recommend that you:

    – Start breastfeeding as soon as possible after birth, in the first hour if possible.

    – Breastfeed whenever baby shows signs of hunger.

    – Avoid any supplements (such as water, glucose water, formula, or pacifier) unless there is a medical reason.

  ☐ I plan to formula feed.