



BEFORE LABOR STARTS

The following birth plan is intended for use by women experiencing an uncomplicated pregnancy and may need to be modified in consultation with your clinician in high-risk pregnancy. This document should not be considered a form of medical advice and should not replace your doctor's direction.

In a healthy pregnancy, most medical professionals recommend that you let labor start naturally. This usually happens between 39 and 42 weeks. However, some women may need an induction. Induction is when the doctor does something to help labor start, like giving you a drug or breaking your water.

- ☐ If my baby is late, please counsel me on how long it's safe to wait for labor to begin on its own so I can make an informed decision about inducing delivery.
- ☐ I do not want my water broken unless it's medically necessary.

LABOR PREFERENCES

There are many ways to labor. Discuss your options with your doctor and talk to friends and family about their experiences. You can also read about labor in pregnancy books and online.

LABOR LOCATION:

- ☐ I would like to labor at home as long as possible.
- ☐ I plan to go to the hospital as soon as my doctor recommends it.
- ☐ I would like a home birth with a midwife present.

IF INDUCTION BECOMES MEDICALLY NECESSARY

If induction becomes medically necessary, I want the doctor to use the following. (Ask your healthcare provider to explain all these procedures before you decide).

- ☐ Stripping membranes.
- ☐ Prostaglandin gel (hormone gel applied to the cervix to stimulate dilation).
- ☐ Pitocin (hormone delivered via IV to stimulate dilation).
- ☐ Rupturing membranes (breaking the bag of waters).
- ☐ Balloon catheter (mechanical dilation).

LABOR SUPPORT PREFERENCES

To help me labor, I would like to try: (check all that apply)

- ☐ Breathing support.
- ☐ Massage
- ☐ Moving around.
- ☐ Birthing ball.
- ☐ Birthing stool.
- ☐ Squatting bar.
- ☐ Laboring in the shower, bathtub, or pool

PAIN MANAGEMENT PREFERENCES

What drugs, if any, do you want to help with labor pain?

- ☐ None.
- ☐ IV drugs for pain
- ☐ An epidural or spinal analgesic.
- ☐ Nitrous oxide.
- ☐ Other: _____

MOVEMENTS AND POSITIONS

Moving and positioning yourself when you have contractions can decrease pain and help the baby move through the pelvis. Take some time to learn these positions and check the ones you like the best.

- ☐ Standing squat support.
- ☐ Sitting on a toilet.
- ☐ Sitting.
- ☐ Walking.
- ☐ Squatting.
- ☐ Side lying.
- ☐ Standing.
- ☐ Knees to chest.
- ☐ Leaning or kneeling forward with support.
- ☐ Semi-sitting on the back with legs raised.

FETAL MONITORING PREFERENCES

If you labor in a hospital, the medical staff will monitor you and your baby's heart rate. This helps them to know if you or your baby is in danger. Monitoring may be continuous or intermittent.

- ☐ Continuous. I understand that this means my movement may be limited during labor and that I will have an increased risk of cesarean birth or of delivery using instruments such as forceps or a vacuum.
- ☐ Intermittent to allow for as much mobility as possible. I understand this means we may not constantly know the baby's heart rate.

OTHER CONSIDERATIONS

After researching labor, you might have some other requests. Here are some common ones.

- ☐ Always keep my door closed while I am in labor
- ☐ Use a local anesthetic for repairs if I tear during delivery.
- ☐ No stirrups, unless I am having a medical emergency.
- ☐ Other special requests: _____

CESAREAN SECTION PREFERENCES

You have some choices to make (check all that apply)

- ☐ I want my primary support person with me at all times during the c-section.
- ☐ I would like to remain conscious during the delivery.
- ☐ I want to hold my baby as soon as possible in the delivery room.
- ☐ If my baby is healthy, I would like to breastfeed as soon as possible.
- ☐ If I am unable to hold my baby, I would like my support person to be with the baby and hold him or her as much as possible until I am able to hold the baby.

BIRTH AND POSTPARTUM RECOVERY

I understand that my choices below may need to change depending on my baby's medical condition. If my baby is healthy and medically stable:

- ☐ As long as my baby is healthy, I would like my baby placed immediately skin to skin on me. Please delay any new baby procedures, like bathing and diapering.
- ☐ Please do not remove my baby from skin to skin for at least an hour or until my baby has breastfed, whichever is longer.
- ☐ Please delay vitamin K, eye ointment, and bathing until after the first hour and until my baby has had the first breastfeeding. After this, please perform procedures with my baby skin to skin when possible.
- ☐ I would like to observe all newborn routine procedures.

CORD BLOOD CONSIDERATIONS

Some families choose to save or donate the blood from the baby's umbilical cord. The cells in this blood can be used to treat certain serious illnesses and conditions later in your baby's life. If you choose to save your baby's cord, you will need to set this up before the birth. See your doctor to learn more about your options.

- ☐ I would like to save my baby's cord blood.
- ☐ I would like to donate my baby's cord blood.

IF MY BABY NEEDS MEDICAL ATTENTION

If my baby is sick and/or needs medical attention, I would like the medical team to follow up with me as soon as possible after my baby's health is stabilized to discuss breastfeeding and other elements of bonding that might need to be delayed for my baby's welfare.

- ☐ I still want to breastfeed if at all possible.
- ☐ Please let my partner and me touch and hold the baby as much as possible. We want to bond with the baby and monitor his or her medical treatment.

CIRCUMCISION PREFERENCES

If my baby is a boy:

- ☐ I want him to be circumcised.
- ☐ I do not want him to be circumcised.

**Do not give my baby any of the following without discussion with me first
(check all that apply):**

- ☐ Formula.
- ☐ Pacifiers.
- ☐ Any artificial nipples.
- ☐ Sugar water

FEEDING MY BABY

Please show me how to feed my baby, showing me and explaining: (check all that apply)

- ☐ The risks and benefits of different feeding types.
- ☐ How to know when my baby is hungry.
- ☐ How to know when my baby has had enough to eat.
- ☐ How to position my baby for feeding.
- ☐ What a good latch looks like and feels like.
- ☐ The normal amount a baby needs to eat in a day.
- ☐ How to know if feeding is going well.
- ☐ Who I can call if I need help with feeding while I am in the hospital and after I go home.
- ☐ Ways, other than feeding, to comfort a fussy baby who is not showing hunger cues.

SPECIAL TRADITIONS OR REQUESTS

I would like the following special traditions or requests carried out as part of my child's birth:

CHECKLIST:

- ☐ Pack your hospital bag ahead of time.
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- ☐ Go to all your prenatal checkups.
- ☐ Bring a list of medications and emergency contacts with you.
- ☐ Call your doula.

