



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.

- | | |
|--|---|
| <input type="checkbox"/> Be able to change position and walk around | <input type="checkbox"/> Medicines, anesthesia only at mother's request |
| <input type="checkbox"/> Relaxation, breathing, and comfort measures | <input type="checkbox"/> IV pain medicine |
| <input type="checkbox"/> Whirlpool or shower | <input type="checkbox"/> Epidural when labor allows |

Your preferences for your baby's birth and care

Birth position: Lying on your back Lying on your side Semi-sitting Sitting upright Squatting Other

- | | |
|--|--|
| <input type="checkbox"/> If possible, avoid episiotomy. | <input type="checkbox"/> I plan to breastfeed. We recommend that you: |
| <input type="checkbox"/> Hot compresses or perineal massage for stretching. | – Start breastfeeding as soon as possible after birth, in the first hour if possible. |
| <input type="checkbox"/> Partner cuts cord. | – Breastfeed whenever baby shows signs of hunger. |
| <input type="checkbox"/> Mother/support person give the first bath. | – Avoid any supplements (such as water, glucose water, formula, or pacifier) unless there is a medical reason. |
| <input type="checkbox"/> No circumcision. | <input type="checkbox"/> I plan to formula feed. |
| <input type="checkbox"/> Plan circumcision in the hospital before we leave the hospital. | |
| <input type="checkbox"/> Plan circumcision after we leave the hospital. | |

Your 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)?
