

# My Birth PLAN

NAME: \_\_\_\_\_

PARTNERS NAME: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

DOCTOR/MIDWIFE: \_\_\_\_\_

## I HAVE:

- GROUP B STREP
- GESTATIONAL DIABETES
- POSITIVE FOR HERPES
- RH INCOMPATIBLE WITH BABY
- NONE OF THE ABOVE
- OTHER: \_\_\_\_\_

## PREFERRED DELIVERY METHOD

- VAGINAL  VBAC
- C-SECTION  OTHER: \_\_\_\_\_
- BREATHE BABY DOWN  TEAR NATURALLY
- COACHED TO PUSH  FEEL BABY CROWN
- USE A MIRROR
- NO FORECEPS OR VACUUM

## PREFERRED ATMOSPHERE

- QUIET
- DIM LIGHTS
- WEAR MY OWN CLOTHES
- MINIMAL INTERRUPTIONS
- LIMITED STAFF (NO STUDENTS)
- LIMITED CERVICAL EXAMS
- ALLOW WATER TO BREAK ON ITS OWN
- OTHER: \_\_\_\_\_

## BIRTH POSITIONS

### I WOULD LIKE TO TRY:

- BIRTH BALL  STANDING
- SQUATTING  BATH
- LIE ON SIDE  ALL FOURS
- BIRTH STOOL  IN BED

## PAIN MEDICATION

- PLEASE DON'T OFFER
- PLEASE OFFER MEDICATIONS
- I'D LIKE AN EPIDURAL
- OTHER: \_\_\_\_\_

## AFTER DELIVERY

### SEX OF BABY ANNOUNCED BY:

- PARTNER  STAFF  FIND OUT MYSELF
- IMMEDIATE SKIN TO SKIN
  - WIPE BABY FIRST
- PARTNER TO CUT CORD
- BANK/DONATE CORD BLOOD
- DELIVER PLACENTA NATURALLY

## PAIN MANAGEMENT

- BATH/SHOWER
- BREATHING TECHNIQUES
- MASSAGE
- AROMATHERAPY
- HYPNOBIRTHING
- MOVEMENT
- OTHER: \_\_\_\_\_

### I PLAN ON:

- BREASTFEEDING  BOTTLE FEEDING
- EXPRESSED BREAST MILK
- I'D LIKE BABY:**
- BATHED AT HOME  BATHED IN HOSPITAL
- CIRCUMCIZED IN HOSPITAL
- MEDICATIONS FOR BABY**
- PLEASE ASK FIRST  VITAMIN K
- HEP B VACCINE  ANTIBIOTIC EYE OINTMENT