

# MY BABY'S BIRTH PLAN

**YOUR NAME:** \_\_\_\_\_

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

**PARTNER'S NAME:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_

*I have given careful thought to my preferences during and after labor, indicated below by a mark in the appropriate box. These are guidelines for my care and, I understand that under certain circumstances, may not be followed. I hope you will honor these wishes and allow me to experience the birth I hope for.*

## LABOR INDUCTION/AUGMENTATION

- If my pregnancy goes beyond my due date, I prefer not to induce labor as long as the baby and I are fine.
- I would like the option to return home if I'm less than 4 centimeters dilated.
- I prefer to attempt all natural methods first, such as walking, nipple stimulation, intercourse.
- I do not want my membranes stripped or water broken at any time.
- If necessary, I prefer:
  - \_\_\_ Membrane stripping
  - \_\_\_ Pitocin
  - \_\_\_ Membrane rupture
- I prefer not to undergo internal exams unless they are medically necessary.
- I would like to stay hydrated by drinking clear fluids and using ice chips.
- I prefer not to have students present during labor/delivery.

## DURING LABOR I WOULD LIKE

- Music, which I will provide
- Relaxing atmosphere
- As few interruptions as possible
- To wear my own clothes
- Videotape labor and birth
- To take pictures during labor and birth

## FETAL MONITORING

I prefer:

- Continuous monitoring
- Intermittent monitoring
- Internal monitoring
- External monitoring only

## LABOR SUPPORT

- I do not want pain medication offered to me. I'll request it if needed.
- I would like you to offer pain relief alternatives, including medications.
- I prefer to:
  - \_\_\_ Walk and move freely
  - \_\_\_ Take a shower

- \_\_\_ Use a birthing ball or bar
- \_\_\_ Have the lights dimmed
- \_\_\_ Have my partner present the entire time, even during exams.
- If I am required to have an IV, I would like to use a saline lock.
- I would like help with breathing techniques and relaxation methods.

## DELIVERY

- I would like to push instinctively and not be told how or when to push with nurse at the bedside.
- As long as the baby and I are fine, I would like to be free of time limits on pushing.
- As long as the baby and I are fine, I would like to be free to push in the position of my choice.
- I would rather risk a tear than have an episiotomy.
- I would like to view the birth in a mirror.
- I would like to avoid vacuum extraction.
- I would like to avoid using forceps.

*If I have a Cesarean Section:*

- I would like my partner to be present at all times during the operation.
- I would like to have immediate contact with my baby.
- I would like my partner to be with the baby for all newborn procedures.

## AFTER DELIVERY

If I have a boy, I plan:

- To circumcise
- Not to circumcise

I plan to:

- Breastfeed exclusively
- Breastfeed with supplements
- Bottle feed

Please do not give my baby:

- A bottle
- Formula
- A pacifier

**KING'S  
DAUGHTERS**

