

My Birth Plan

Partner or labor coach: _____

Has medical power of attorney? Y/N

Other emergency contact: _____

Where I plan to deliver: _____ Phone: _____

Backup hospital (if relevant): _____ Phone: _____

My general philosophy and approach:

Name: _____

Primary care provider: _____

OB/GYN: _____

Midwife or doula: _____

Other healthcare provider: _____

In case labor induction is considered

Unless medically necessary, I prefer not to induce labor until two weeks after my due date.

If my water breaks before contractions start, I prefer to wait at least 12 hours before inducing.

If inducing or augmenting labor becomes necessary, I'd like to try the following techniques (and have made arrangements in case I need a special practitioner): nipple stimulation clitoral stimulation or sex (if at home) stripping the membranes acupuncture or acupressure castor oil or other laxative other herbal remedies homeopathic solutions cervical dilators prostaglandins (Cervidil, Cytotec) oxytocin (Pitocin, Syntocinon) breaking amniotic sac (artificial rupture) (Check as many as you like, or number them in the order you'd like to try each.)

I plan to have my labor induced. Tentative date: _____

I. Labor and delivery -- general

Access for family and friends

I prefer not to be separated from my partner at any point during labor or birth.

I'd like the following people to be present during labor and delivery:

_____ relationship: _____ relationship: _____

_____ relationship: _____ relationship: _____

I'd like my other children to be able to visit me and the baby in the hospital.

I prefer not to have medical students or other non-essential people present during my labor or birth.

During the labor and birth, my partner and I would like to take photos make video recordings

Room and personal style

I'd like the room as quiet as possible.

I'd like the lights in the room to be kept low.

I'd like to be able to eat and drink during labor.

I'd like to bring my own music.

I'd like to wear my own clothes.

I'd like to wear my contact lenses or glasses
at all times when awake.

Mobility

I'd like to be free to walk around during labor.

I'd like to be able to change position whenever I like.

I don't want an IV unless I become dehydrated.

If inserting an IV line is required, please
consider a saline lock.

Amenities and equipment

I'd like these amenities in the labor room, if possible. If they're not provided, please let me know so I can bring my own: CD player TV VCR reading light other: _____

I'd like to have the following birthing equipment made available to me: delivery table with stirrups birthing bed birthing stool birthing chair beanbag chair squatting bar birthing pool or tub other: _____
