

Birth Plan

I have prepared this birth plan as a way of welcoming my baby into this world and for myself, as I see my baby for the first time. I understand that this is only a plan and that circumstances may come up that make it difficult or impossible to support my choices. I have tried to include second choices in the event my first choices cannot be honored. Above all, I want my baby to be born safely and as comfortably as possible, and I want to remain as safe and ready as I can be in order to welcome my baby.

1. ABOUT ME

Name:

Address:

Phone:

Date of Birth:

My main language is _____. I can read/write/speak in this language.

I can also read/write/speak in _____.

I do/do not need an interpreter.

Health Problems/Concerns (List any health care conditions, such as diabetes, asthma, etc.)

Medications/drugs (Current prescriptions, over-the-counter, recreational)

Allergies (List any food, medication, or other allergies)

I have the following special needs (List any special needs, such as special food restrictions, handicapped access):

My concerns or fears about delivery are:



2. OTHERS INVOLVED

(List names and phone numbers of important others, including father of the baby, spouse, partner, boyfriend, girlfriend, etc.)

Name	Phone
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3. PRE-DELIVERY

My baby will be delivered by _____ . He/she is a doctor/midwife/nurse practitioner. _____ . The phone number is _____ .

_____ will be the backup person who will deliver my baby if the need arises. He/she is a doctor/midwife/nurse practitioner. The phone number is _____ .

My child's birth will take place at _____ .

The address is:

and the phone number is _____ .

I have prepared for my delivery by:

- Touring the delivery unit
- Taking Lamaze classes (dates _____)
- Discussing my plan with my health care provider
- Selecting a birth coach, name _____ phone _____
- Selecting a back-up coach, name _____ phone _____
- I have packed a bag with the following items:

• I will get to the hospital by car/bus/taxi/other _____. The phone numbers are _____ .

I have asked _____ to take me. The phone numbers to reach him/her are:

_____, _____. If he/she is not available, I will call

_____ to take me. The phone numbers to reach him/her are:

_____. I know that I can call 911 if I need immediate assistance.

• I have asked others to be with me and support me at the time of delivery. They are: _____
_____.

• My other children will be taken care of by _____ phone _____.
My other children's names and ages are: _____

• I want the following people called when I am in labor: _____ will call them for me.

Names

Numbers

• I want the following people called when I have delivered: _____ will call them for me.

Names

Numbers

These are the things I still need explained to me:

- Episiotomies
- Epidural
- Cesarean
- Pitocin
- Delivery of Afterbirth
- Possible Medications
- Breast vs. Bottle Feeding

4. LABOR & DELIVERY TIME

The most important things to me are:

Regarding Labor

Environment:

Labor positions:

Relaxation techniques:

Medication/anesthetic decisions:

Regarding Delivery

Delivery positions (on back, on side, squatting, etc):

Feelings on an episiotomy:

I would like _____ to cut the cord.

Special considerations (desire a mirror to watch delivery, etc)

How I want to receive my baby for the first time (putting the baby immediately on my tummy, waiting until after the baby has been washed and dressed until I receive her, etc):

If a Cesarean birth is necessary (support person, medications, viewing birth):

Special Customs

The religious, cultural, and family customs I will be following include:

5. THE BABY

The doctor or health care provider I have chosen for my baby is _____. The phone number is _____.

I would like to feed my baby in the following way:

I want the following type of contact with my baby in the hospital:

I want my baby to be dressed in:

If we need to...

If my baby has immediate medical needs (such as being born early), I understand he or she may need to be in a special care nursery. If that happens, I want my baby to have the following care and interaction guidelines (include type of contact, visitors, feeding practices, connection with support group, connection with social worker, chaplain, or other person):

6. ADDITIONAL CONCERNS OR COMMENTS

The only additional concerns I have are:

Comments:

I have prepared this birth plan to help make my transition into motherhood and my baby's birth be the best experience I think it can be. I know that the health and safety of my baby and me must come first and may mean that some of my plans may be changed.

Signature _____

Date _____