



Birth Plan

First Name:

Last Name:

Partner's Name:

Due Date:

Address:

Email:

My Doctor:

Before Labor Begins (Please tick the following blocks)

- As long as the baby and I are healthy, I would like to go at least 10 to 14 days over my due date before inducing labor.
- As long as the baby and I are healthy, I would like to have no time restrictions on the length of my pregnancy.
- I would like to discuss laboring at home as long as possible.
- I trust that my practitioner will seek out my opinion concerning all of the issues directly affecting my birth before deviating from my plan.
- I would like to discuss the option of induction before I reach my due date.
- If I go past my due date and the baby and I are fine, I prefer to go into labor naturally rather than be induced.

Vaginal exams

- Please obtain my permission before stripping my membranes during a vaginal exam.
- I prefer to have no vaginal exams until I go into labor.
- I prefer to have only 1 vaginal exam on or around my due date.
- During a vaginal exam, I prefer at no time to have my membranes broken unless there is an emergency situation.

- I prefer minimal internal vaginal exams or at my request only.
- I would like no internal vaginal exams, within reason, during my labor until I have an urge to push.
- I prefer to have minimal internal exams

Hospital Admittance

- I would like the option of staying in the hospital regardless of my dilation and the discussion of induction.
- If I am less than four centimetres dilated, I would like to discuss with my healthcare provider the option of going home.
- If induction becomes necessary, I would like to try natural induction techniques first (with the guidance of my practitioner)

Natural induction techniques I would like to try

- Breast stimulation
- Walking
- Herbs
- Enema
- Castor oil
- Chiropractic
- Acupuncture
- Sexual intercourse

If Medical induction becomes necessary, I prefer to try (check all that apply)

- Stripping membranes
- Prostaglandin gels
- Rupturing membranes

If my water breaks before I go into labor, I would like to:

- Wait 6 hours before being induced

- Wait 12 hours before being induced
- Talk to my practitioner about alternatives to treatments such
- Upon arrival at the hospital, I prefer to have my partner with me at all times.
- Please, no residents or students attending my birth.

I request the following people to be present during my labor and/or 2nd stage labor:

Partner Name:

Relative(s) Name(s):

Friend(s) Name(s):

Doula Name:

Sibling(s) Name(s):

Please do not allow: _____ in my room at any time.

I prefer to give birth in a:

- Birthing room
- Room with a shower and/or bath
- Delivery room
- At home

If birth equipment is available, I would like to use (check all that apply)

- Birthing bed
- Birthing ball
- Bean bag chair
- Birthing tub/pool/shower
- Birthing stool
- Squatting bar

Miscellaneous environment items (check all that apply):

- I would like to have dimmed lights.
- I would like for people entering the room to speak softly.
- I would like to play music.
- I would like no one to speak during the actual delivery.
- I would like to wear hospital clothing.
- I would like to wear my own clothes during labor and delivery.
- I would like to be reminded to remove my clothing during the actual delivery.
- I would like to have a TV available.
- I would like to have a VCR available.
- I would like to wear headsets during my labor and delivery.
- I would like to have my birth photographed.
- I would like to have my birth filmed/videotaped.
- I would like to wear my glasses or contact lenses unless removal becomes medically necessary.

Pain Relief

- Please only offer pain medications if I ask for them.
- Please suggest pain management options for me if you see that I am too uncomfortable to handle the pain.
- Please discuss pain management options for me as soon as possible.
- After medical guidance for pain relief, I would appreciate some private time with my partner to discuss which pain management technique or medication I would like to use.

I am prepared to try to handle pain with these natural and alternative methods (check all that apply):

- Breathing techniques
- Distraction techniques
- Hypnotherapy
- Acupressure
- Acupuncture
-

Massage

- Visual imaging work
- Colour therapy
- Deep (or guided) relaxation
- Water/bath/shower

If I choose to use drugs, my preference is:

- Walking epidural
- Classic epidural
- Sedative
- Tranquilizer
- Narcotics

Other Considerations

- Ultimately, I want to be able to walk around and move as I wish while in labor.
- Ultimately, I would like to feel unrestricted in accessing any sounds of chanting, grunting, or moaning during labor.
- Please always keep my door closed during (or...while I am in) labor.

Monitoring:

- I prefer the baby to be monitored
- Continuous foetal monitoring
- Intermittently monitored to allow for as much mobility as possible

I have prepared for this birth with:

- Lamaze techniques
- Bradley techniques
- Childbirth Hypnosis
- Other:
- I am seeking my practitioner's assistance with this technique.

Second Stage Labor

- As long as the baby and I are healthy, I prefer to have no time limits on pushing.
- If pushing for more than several hours, I am open to medical intervention in 2nd stage labor.

I would like to be encouraged to try the following different positions for labor (check all that apply)

- Squatting
- Classic semi-recline
- Hands and knees
- On the toilet
- Standing upright
- Side Lying
- Whatever feels right at the time

Enemas

- I will ask for an enema if I feel that I need one.
- I would like to have an enema upon being admitted.

Episiotomy

- I prefer to have an episiotomy
- I prefer to have no episiotomy and risk tearing (unless I'm having a medical emergency)
- If I need an episiotomy, I prefer a pressure episiotomy.

To help prevent tearing, please apply:

- Hot compresses
- Oil
- Perineal massage
- Encourage me to breathe properly for slower crowning.

Other labor considerations

- If possible, please allow the shoulders and body of my baby to be born spontaneously, on their own.
- Please use a local anaesthetic for repairs.
- No stirrups please unless I'm having a medical emergency

The Delivery

Misc. (check all that apply):

- I would like to view the birth using a mirror.
- I would like to touch my baby's head as it crowns.
- I would like to catch my baby and pull it onto my abdomen as it is born.
- I would like my partner to catch my baby.
- I would like the doctor to catch my baby.
- For spiritual or religious reasons, I would like the room to be totally silent as the baby is born.
- I would like for our baby to hear our voices first.
- I prefer to have the lights dimmed for delivery or, if it is daylight, to access only natural light.

Pushing

- It's important to me to push instinctively. I do not want to be told how or when to push.
- Please tell me when to push

After Baby is born

- As long as my baby is healthy, I would like my baby placed immediately skin-to-skin on my abdomen with a warm blanket over it.
- Please do not separate me and my baby until after my baby has successfully breastfed on both breasts.
- Please delay all essential routine procedures on my baby until after the bonding and breastfeeding period (i.e., bathing).
- Please place my baby on pulse oximetry for a minimum of 1 hour between 24 and 48 hours after birth to rule out any obvious heart conditions present at that time.

Caesarean

- If a C-Section is not an emergency, please give us time alone to think about it before asking for our written consent.
- My partner(s) is(are) to be present at all times during the C-section.
- Ideally, I would like to remain conscious during the procedure.
- I would like the baby to be shown to me immediately after it's born.
- I would like to have contact with the baby as soon as it is possible in the delivery room.
- I prefer to have a hand free to touch the baby.
- We would like to photograph or film the operation as the baby comes out.
- We would like to film or photograph only the baby after delivery.
- If possible, please discuss anaesthesia options with me (including morphine options).
- I prefer a low transverse incision on my abdomen and uterus.
- Please respect my wishes to be quiet during the operation (e.g., avoiding "small talk" with other practitioners in the room).

Recovery

- If my baby is healthy, I would like to hold my baby and nurse it immediately in recovery.
- I would like to sign any waivers necessary to permit me to be with my baby in recovery.
- As long as my baby is healthy, I would like my partner to be the baby's constant source of attention until I am free to bond with it (i.e., holding, skin-to-skin contact, etc.).
- I would like my baby to be sent to the nursery while I am in recovery.
- Please pay special attention to our nursing needs in recovery. I may need some "extra help" nursing after the operation.
- I would like to have my catheter and IV removed ASAP after my recovery period.
- Please discuss with me what I can expect to feel immediately following the procedure.
- Please discuss my post-operative pain medication options with me before or immediately following the procedure.

Third Stage Labor

- Please wait for the umbilical cord to stop pulsating before it is clamped.
- Please allow my partner to cut the umbilical cord.
- I would like to bank my baby's cord blood and have made arrangements for this procedure prior to the birth.

Placenta (check all that apply):

- I would prefer for the placenta to be born spontaneously without the use of Pitocin, and/or controlled traction on the umbilical cord.
- I would like to have routine Pitocin given to me after the placenta is born.
- I would like to delay routine Pitocin after the placenta is born unless there are any signs of haemorrhaging.
- I would like the option of taking home the placenta.

New-born Procedures

- If the baby has any problems, I would like my partner to be present with the baby at all times, if possible.
- I would like to have routine new-born procedures delayed until bonding and breastfeeding have occurred.
- I would like all new-born routine procedures to be performed in my presence.
- I would like all new-born routine procedures to be performed right away.

Administration of Eye drops

- I would like my baby to have eye drops administered immediately after birth.
- I would like to delay the administration of eye drops until after breastfeeding and bonding has occurred.
- Please do not administer eye drops to my baby, I am willing to sign a formal waiver if need be.

Vitamin K

- I would like my baby to receive a routine injection of vitamin K immediately after birth.
- I would like to delay the administration of vitamin K up to 1 hour after birth, after breastfeeding and bonding, unless medically necessary.
- I would like only the orally administered vitamin K to be given to my baby.
- Please do not administer vitamin K to my baby, I am willing to sign a formal waiver if need be.

Immunizations

- I prefer any immunizations be postponed to a later time
- Immunize the baby according to normal procedures.

Bathing Baby

- Please bathe my baby after we have had time to bond.
- Please do not bathe my baby at all.
- We would like to give our baby his/her first bath using our own non-toxic baby products.

Circumcision:

- Please do not circumcise him.
- I would like him circumcised

Other circumcision options:

- Please use a local anaesthetic
- Please delay procedure as long as possible

Feedings

- My baby is to be exclusively breastfed.
- My baby is to be formula-fed exclusively.
- I would like to combine breastfeeding and formula feeding.
- Please offer guidance on the issue of formula versus breastfeeding.
- I would like to see a lactation consultant as soon as possible for further recommendations and guidance.

Do not offer my baby the following without my consent (check all that apply):

- Formula
- Pacifiers
- Any artificial nipples
- Sugar water

If my baby's health is in jeopardy, I would like (check all that apply)

- To be transported with my baby if possible.
- My partner to go with the baby.
- To breastfeed or express my milk for my baby.
- To have as much bodily contact with my baby as possible.
- To be offered a room at the hospital for the duration of my baby's stay (within reason).

I would like my in-hospital routine to be:

- Full rooming in, no separation, no exceptions, unless my baby is sick.
- Delayed rooming in until I have had time to rest.
- Partial rooming in. I prefer to have the baby sent to the nursery at night so that I can rest.
- Nursery care:** I would like the nursery to fully care for my baby and bring it to me for feedings.

My Hospital Stay

I prefer to have my hospital stay:

- As short as it can be.
- As long as it can be.

Other hospital preferences:

- I prefer a private room.
- I prefer to have my partner stay with me for the duration of my hospital stay.
- I would like my other children (regardless of age) to be allowed to visit with me for as long as they wish or as long as hospital policy permits.
- I would like my guests to be permitted to stay as long as they wish.
- I want privacy during my stay and for my guests to limit the time they are visiting me.