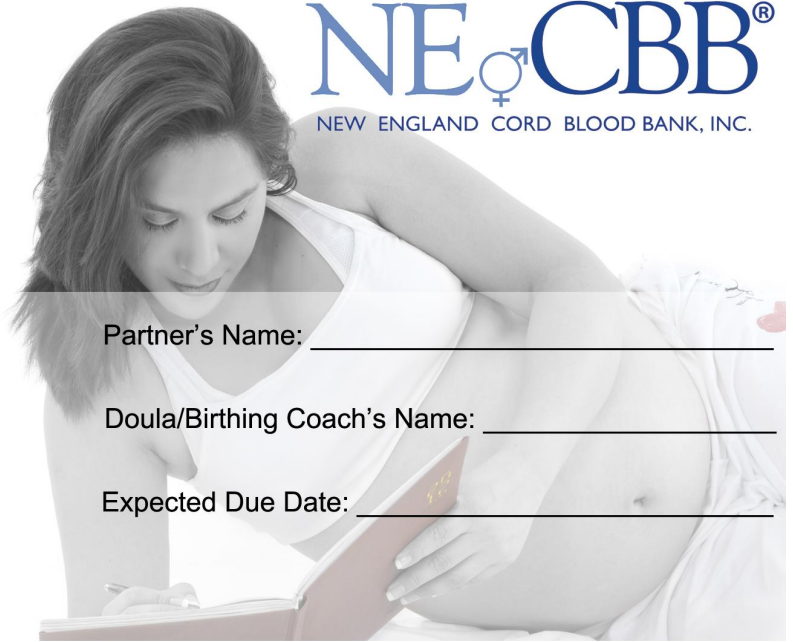


My Birth Plan

Print and fill out this birth plan to prepare yourself for delivery. Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.



My Name: _____

Partner's Name: _____

OB/Midwife's Name: _____

Doula/Birthing Coach's Name: _____

My Baby-To-Be's Name: _____
(optional)

Expected Due Date: _____

Labor Preferences

I have completed the following:

- Consent Forms (if applicable) Insurance Forms Cord Blood Materials & Instructions

My Preferred Delivery Method Is:

- Vaginal
 Have Had A Prior C-Section
 Have Had Prior Surgery On My Uterus
- C-Section
- Water Birth

During Labor I Would Like: Present: Before / During

- Partner: _____
- Parents: _____
- Doula: _____
- Friend: _____
- Other Family Member: _____

If I Have A Vaginal Birth I Want:

- To View The Birth Using A Mirror
- To Touch The Baby's Head As It Crowns
- For The Hospital Staff To Help Me With Pushing
- To Be Able To Feel The Urge Before Starting To Push

Delivery Room Preferences:

- Dim Lighting
- Music Playing (I will provide)
- Birthing Ball
- The Room As Quiet As Possible
- To Wear My Own Clothing
- Aromatherapy Scents (I will provide)
- My Partner To Film And/Or Take Pictures
- Other: _____
- _____

Please Note That I:

- Have Group B Strep
- Have Gestational Diabetes
- Am Positive For Herpes
- Am RH Incompatible With The Baby
- Other _____
- None Of The Above

My Birth Plan

Print and fill out this birth plan to prepare yourself for delivery. Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.



After-Delivery Preferences:

Procedure for the Umbilical Cord:

- My partner (or _____) to cut the cord
- Delayed clamping and cutting of the cord (after it stops pulsating)
- Send it to the cord blood bank
- Company Name _____
 - Blood
 - Cord
 - Both

I want to hold my baby for the first time:

- Immediately after delivery (skin to skin)
- After being wiped clean
- After weighing and cleaning my baby
- I would prefer not to hold my baby afterwards
- Other _____

I want to feed my baby with:

- Breast milk
 - I prefer my baby doesn't get any bottles
- Formula
- Both

I'd like to check out of the hospital:

- As soon as possible after delivery
- Within 24 hours after delivery
- After 48 hours or when it is considered safe for me to leave

If my baby is a boy:

- I want him circumcised prior to leaving the hospital
- I do not want him circumcised prior to leaving the hospital

I want to start breastfeeding:

- As soon as possible after delivery
- After discussing with lactation consultant
- When I'm comfortable

Notes: _____

