

## Get started on your birth plan!

Together with your birth partner, fill out this form to get started thinking about the topics that will be most helpful to include in your written Birth Preferences.

Please fill out this form to the best of your ability, knowing that you may change your preferences and choices at any time. Also, please keep in mind that some of these options or preferences may not be available depending on your birth setting, chosen care provider, or medical condition during the pregnancy and birth.

This form is simply meant to be a tool to help you think about and understand what options may be available to you, and what preferences you may have. A conversation about these preferences with your healthcare provider(s) is highly recommended.

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Intended place of birth:

Healthcare provider for the pregnancy & birth:

Pediatrician:

Others to be present at the birth:

Partner | Older child(ren) | Other family member(s)  
Friend(s) | Doula | Other:



# Comfort Measures for Labor:

I am interested in:

Wearing my own gown instead of the hospital's

Dim/low lighting

Eating & drinking without restriction during labor

Unrestricted movement during labor

Shower and/or tub

Music

Birth ball

Massage and/or counterpressure

Affirmations

Hot and/or cold therapy

Aromatherapy

Do you have sensitivity to any sort of touch, certain words, sounds, or environment factors (including fears, complete darkness, temperature, allergies, etc.)? Is there anything we should be aware of to make you



## Medical choices for labor:

Intermittent fetal monitoring    Continuous fetal monitoring

Limiting vaginal exams during pregnancy and labor

I do not want pain medication offered to me unless I request it.

I want to be offered pain medication, including an epidural.

I have a preference about the use of Pitocin, artificially breaking my water, or other measures to start or speed up labor.

I have a preference about having an IV or saline lock in place during labor.



## Birthing options:

I have preferences about what position I push and give birth in.

I am interested in the possibility of having a water birth.

I would like my doula or family member to take photos and/or video when appropriate.

I would like perineal support during pushing—massage or a warm compress.

I or my partner would like to assist in "catching" my baby.

I would like to delay cord clamping.

I or my partner would like to be the one to cut the cord.

The sex of our baby is a surprise; I or my partner want to be the one to announce!

I would like to have uninterrupted skin-to-skin time



## Cesarean Birth Options:

I would like my partner to be present. I would like delayed cord clamping.

I would like my doula to be present. I or my partner would like to cut the cord.

I would like pictures or video to be taken.

I would like to have my own music available.

I would like to have a clear drape so that I can view the birth.

I am interested in having the newborn skin-to-skin on my chest with assistance or held cheek-to-cheek to me in the OR.

I would like to have one arm free in the OR.

I or my partner would like to be the one to



## Placenta delivery options:

I would like to forgo the standard use of Pitocin after birth unless it is warranted for bleeding.

I am interested in professional placenta encapsulation and/or art.

I have preferences about how the delivery of the placenta is managed.

I am interested in cord blood banking.

I would like to save my placenta.



## Newborn Care:

If special care is needed, I would like partner to stay with the baby.

I would like to exclusively room-in with my baby at the hospital.

I am interested in options for using the nursery at the hospital.

I would like to discuss my options and preferences regarding the routine newborn procedures in the first 24 hours of life.

My partner or I would like to be the ones to administer my newborn's first bath.

I plan to breastfeed.

I would prefer my baby not be offered a pacifier for soothing in the hospital.

I would like to discuss my preferences and options for circumcision.

I plan to pump.

I plan to formula feed.



## Postpartum care:

I would like an IBCLC visit in the hospital.

I would like to be discharged as soon as possible after birth.

I would like to stay the maximum number of days allowed after birth.

I would like for my postpartum care to be "clustered" to maximize rest in the hospital.

I have additional questions/comments/concerns about the following:

