# My Birth Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.	
Name:	Partner's name:
Doctor's or midwife's name:	Today's date:
This birth plan is a guide for my labour and of this birth plan may change.	d delivery. Since childbirth does not always go as planned, some
Place and People I would like to deliver my baby:	
In a hospital:	(Name, phone number)
In a birthing centre:	
At home	
I would like my baby to be delivered by:	
My family doctor:	(Name)
My obstetrician:	
My midwife:	
My perinatologist:	
I'd like these people to be with me during I	abour and birth:
Partner:	(Names)
Friend(s):	
Family:	
Doula:	

#### **During Labour**

I'd like to be able to go back home if I'm not in active labour.

After I've been admitted, I'd prefer:

To eat if I wish to.

To drink clear fluids instead of having an IV.

To walk and move around if I can.

I'd like to try:

A birthing chair.

A birthing stool.

A squatting bar.

A birthing tub or pool.

When the time comes to push, I'd like to:

Be coached on when to push and for how long.

Push when I feel I need to (instinctively).

I'd prefer to use the following position(s):

Half lying down (semi-reclining)

Squatting

Lying on my side

Whatever feels best at the time

I'd like to use the following for pain management:

Acupressure

**Breathing techniques** 

Self-hypnosis

Massage

Medicine

Other:

Please do not offer me pain medicine. I'll ask for it if I need it.

If I decide to use medicine for pain, I prefer:

Epidural anesthesia.

Local anesthesia.

Pudendal or paracervical block.

An opioid.

### Birth

I would like to:

Take all possible steps to avoid an episiotomy.

View the birth using a mirror.

After the birth, I'd like to:

Hold my baby right away, before any procedures that are not urgent.

Breast-feed as soon as possible.

Have my partner cut the umbilical cord.

# **C-Section**

If I have a C-section, I:

Would like to see my baby coming out.

Would like my partner present during the operation.

# After the Birth

After delivering the baby, I'd like to:

Have my partner be with the baby whenever I can't be.

Stay in a private room.

Have my partner stay with me in my room.

Breast-feed only.

Bottle-feed with formula only.

Please offer my baby:

Formula.

Pacifier.

Nothing without my permission.

I'd like my baby to be:

In my room 24 hours a day.

In my room only when I'm awake.

With me only for feeding.

With me based on how well I feel at the time.

If I have a baby boy:

I'd like him circumcised at the hospital.

I'll have him circumcised later.

I will not have him circumcised.

I'll decide about circumcision later.



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