Birth Plan Template
(please make a copy before editing)

Name: Partner's name: Doula + Patient Advocate's name:

We understand that if a complication should arise, we may need to make changes to this plan. We appreciate all the support you can give us and your commitment to our birth preferences. We know that some of the preferences on here go against the norm, but don't feel like you can't communicate openly with us. We see you as a valuable member of our team! Thank you for giving me truly personalized care!

My Birth Values

Communication * Consent * Patience * Partner support

- Thorough communication is very important to me. I want to feel informed without feeling pressured.
- I take full responsibility for my choices.
- I desire privacy and intimacy as I birth. Please feel free to speak freely with my partner and my doula about my care.
- It is very important to me that I do not get touched without my consent.
- I value the medical expertise and technology that you can offer me if I need it and choose it.
- My informed decisions, listed below, are based on my values and my current health status. I may choose to change them verbally if new information arises. Thank you!

Admission:

Monitoring: Intermittent monitoring throughout labor and birth. I decline prolonged admission monitoring.

IV Fluids: NO IV unless necessary. Saline lock is OK.

Cervical Exam: I decline routine cervical exams, including upon admission. I will ask for one if I want.

First Stage of Labor:

Atmosphere: Private, relaxed atmosphere with everyone calm, lights dim, and only necessary people in the room.

Cervical Exam: I decline routine cervical exams. I will ask for one if I want. You must gain consent before the exam.

Pain Relief: We understand our options and will ask if needed. NO suggestions for an epidural from the staff.

Comfort Tools: Freedom to move around, change positions, use the tub, shower, yoga ball, peanut ball

Pitocin: We know our options for pitocin. Only use if necessary and after all options have been exhausted.

AROM: Artificial Rupture of Membranes - only if necessary and after **all** options have been exhausted.

Second Stage of Labor:

Pushing: I will follow my own urges to push and in the position that is comfortable and effective for me and my baby. This may not be in the bed, and it may be standing. No coached pushing unless I request it.

Touch: Do not touch my body or my baby while I'm pushing without my consent.

Baby: Please do not touch, rub, or stimulate baby after birth without our consent. We would like immediate skin to skin.

Episiotomy: Please avoid episiotomy. If one is deemed necessary, permission is necessary.

Cord clamping: Delay the cord clamping until the cord stops pulsating and turns white. You must gain consent before clamping and cutting.

Third Stage of Labor:

Atmosphere: Please keep voices low and room dim while I birth my placenta

Pitocin: Do not administer unless you see excessive signs of bleeding, or without consent.

Placenta: Natural, unhurried birth of the placenta with me pushing at her own pace, no traction without consent

Fundal: Do not perform fundal massage. You may gently palpate to determine fundal position and firmness.

Newborn Care:

Newborn Care: Delay newborn exam until we're ready. We'll bath our baby when ready. Our baby will room-in.

Breastfeeding: Initiate breastfeeding as soon as possible. Breastfeeding on demand. No artificial nipples or formula.

Eye Ointment: Accept/Decline Hep. B Vac **:** Accept/Decline

Vit. K: Accept /Decline PKU: Accept /Decline

Circumcision: Accept/Decline

Cesarean: In the event a cesarean birth is medically needed, my partner must be present. Please see a separate sheet for my preferences for a Family-Centered/Gentle Cesarean Birth.