

CREATE YOUR BIRTH PLAN

The day your baby is born will be one of the most important and most memorable days of your life. So we'll do everything we can to make sure your entire stay goes smoothly and according to all your plans.



This Birth Plan is For _____
(Your Name and Your Partner's Name)

Your Due Date _____

Your OB/GYN _____

The Following People will be Present During Labor

During Labor, I Prefer:

- to walk and move around
- to have my music playing
- occasional fetal monitoring
- a saline or heparin lock (if an IV is needed)
- to let my water break naturally
- not to take any pain medication
- to make a decision on pain medication during labor
- to receive an epidural or other pain medication as soon as possible
- to push when and how I feel comfortable
- to get coaching on when and how to push
- to choose the position to deliver in
- to view my baby's birth using a mirror
- to touch my baby's head as it crowns

After Labor, I Prefer:

- the umbilical cord to be cut after it stops pulsating
- to have my partner cut the umbilical cord
- to hold my baby immediately
- my baby to be wiped clean before given to me
- skin-to-skin contact with my baby before bathing and measuring
- to donate my baby's cord blood to a public bank
- to store my baby's cord blood in a private bank
- to be made aware beforehand of any procedures being done and medications given to my baby
- to have _____ go with my baby if any special medical treatment is needed
- to breastfeed my baby
- to meet with a lactation consultant for help breastfeeding
- to feed my baby formula
- to **not** circumcise my baby at the hospital (if my baby's a boy)
- to circumcise my baby at the hospital (if my baby's a boy)

Let us know any other preferences not mentioned above:

The Smarter Choice for Care