

Make a copy of this so that you have the original in case you'd like to refer to it throughout the making of your birth plan. Use this as a way to quickly run through all of the things you'd like to include in your one page birth plan. This document is 6 pages long. You will not want your birth plan to be this long! Delete options you don't want, keep the ones you do and then transfer them to one of the birth plan templates I sent over. If you want me to look it over or need further explanation on any of your options, please do not hesitate to text/email/call! I'll do my best to respond within 24 hours if not sooner.

Birth Plan for _____



Pregnant Parents' name:

Location for birth:

Partner:

Doula:

Estimated due date:

Pediatrician:

OB/Midwife:

Relevant History:

My preferences, should any issue arise, are to discuss all options with informed-decision making to include evidence-informed practices before making any changes to my birth plan. **as long as my baby and I are doing well and there are no health risks for me or my baby.*

NATURAL LABOR PREPARATION:

I prefer:

- NOT to be induced, even if the baby is not ready by my 'due date'
- If clinically indicated, I will try the following methods to induce labor, after discussing with my care provider:
 - Assess babies position, encourage good alignment using Spinning Babies techniques, chiropractor, massage therapy, acupuncture, etc
 - Staying active, walking, stair-stepping, etc
 - Consume evening primrose oil for cervical softening
 - Drink red raspberry leaf tea infusion to help tone the uterus, promotes effective contractions
 - Sexual intercourse (natural prostaglandin from sperm promotes cervical softening/Orgasm promotes oxytocin and endorphin release)
 - Nipple stimulation / alternating breast pump protocol -There are several protocols, here is one: pump one side for 10–15 minutes, switch to the other side, alternating between breasts for an hour, 3 times a day for three days. Research on this protocol found here: ([EBB 125 - Evidence on Acupressure, Acupuncture and Breast Stimulation](#))
 - Plan to have a vaginal exam on or around my due date to assess cervical favorability -[Bishop Score Calculator](#)
 - Plan to have membrane sweep and stretch at 39 weeks and again at 40 weeks
 - Would like to take Herbal Tinctures (cohosh combo)
 - Would like to try the Fleet saline enema (one to three-dose regimen), Smooth move tea, or an induction drink (castor oil, apricot juice, almond butter, etc) -caution as this can lead to dehydration, not to be attempted without provider instruction.

- I am okay with non-stress test observation/biophysical profile to monitor fetal heart tones, if necessary

IF I NEED TO BE MEDICALLY INDUCED (ARTIFICIAL LABOR INDUCTION OR AUGMENTATION):

I prefer:

- Approach with a gentle induction using the following medical procedures:
 - Cervical ripening/softening/effacement: Prostaglandin or Cervidil tablets (to assist softening of my cervix)
 - Cervical dilation: Foley bulb or Cooks catheter insertion, or Cytotec medication
 - Uterine contraction's: Pitocin (please discuss your standard protocol for administering)
 - Fetal engagement: Artificial rupture of the membranes

Note: some induction medications like Cervidil and Misoprostol (Cytotec) carry the risk of hyperstimulation of the uterus, causing painful contractions and compromised oxygenation to the baby. The birthing person should be given the option to stop the treatment with removal of the suppository and a saline flush of the vagina to take out remaining medication. Hospital staff may dismiss or ignore complaints and offer pain management in the form of an epidural to manage discomfort. This is harmful in many aspects.

If uncomfortable, suggest using the following statement, “ I think the medication is causing hyper stimulation to my uterus. There is no break between contractions, and I am worried about the safety of my baby. I am very uncomfortable and would like to discontinue treatment. Please note my concerns on the chart.”

HYDRATION & NOURISHMENT

I prefer:

- to eat light snacks and drink clear fluids whenever possible during labor
- Prefer NO IV placed unless clinically/medically indicated
- IV placement on admission then use a saline lock to cap off IV site when not in use
 - Access available for fluid hydration, medication administration, etc
 - Avoid using my hand or wrist if able

BIRTH ENVIRONMENT

I prefer:

- limited staff, students, visitors, etc. especially at the time of birth
- our birth doula will present or be dialed in to offer virtual support throughout labor
 - I consent to share my PHI in their presence
- dim lighting
- aromatherapy -may bring my own diffuser and essential oils

- access to a tub or shower
- to use the following:
 - birthing ball, peanut ball, squatting bar, birthing stool
- to wear my own clothes
- hospital monitor sound and alarm lowered or muted, monitors dimmed
- Photographs: (indicate preferences or lack thereof) during labor, the actual birth, waist up only, no bare chest/nipples, immediately after birth, etc

MOVEMENT & MONITORING

I prefer:

- unlimited freedom to move (walking, bathroom, use birth ball, frequent change of positions).
- okay with admission monitoring/assessments to establish a baseline, per protocol
- unlimited freedom to move (walking, bathroom, use birth ball, frequent change of positions, etc.
- okay with admission monitoring/assessments to establish a baseline, per protocol then prefer intermittent external fetal monitoring (EFM)
- to avoid continuous electronic fetal monitoring unless medically indicated and discussed, then prefer wireless and waterproof EFM if available
 - I understand if I get an epidural that continuous monitoring and confinement to bed will be necessary.

PAIN MANAGEMENT PREFERENCES

I am familiar with all of my options for pain relief. Please do not offer unless I ask.

Or indicate preferences below:

- the following non-medical comfort measures before considering medication.
 - hypnobirthing
 - hydrotherapy (water / bath / shower)
 - breathing techniques
 - position changes
 - rebozo
 - aromatherapy
 - acupressure
 - massage
 - hypnosis
 - relaxation techniques
 - hot / cold therapy
 - Tens unit
 - counter pressure
- Pharmaceutical pain management:

- access to nitrous oxide gas
- the use of systemic, narcotic medications (such as morphine, stadol, or nubain)
- standard epidural (not full spinal block) to still maintain some mobility
 - I understand that if I get an epidural I will be confined to bed and need a urinary catheter but still want the ability to move my legs
- full spinal epidural (feel nothing from the high waist down).
 - I understand that if I get a spinal epidural I will be confined to bed, need a urinary catheter, and I will need assistance turning, I will be unable to use my legs

PUSHING

I prefer:

- to wait to push until I feel the urge (even if I'm fully dilated) or until my baby descends.
- vaginal exam to confirm cervix baby is in a good position
- encouragement to push in the position of my choosing and to try several positions
- ability to give birth in the position that feels best to me -will take direction and necessary
- apply warm compresses on the perineum when baby is crowing
- avoid aggressive perineal stretching and massage
- (choose one) Hands off, poised, or hands-on perineal support
 - Support to slow down the birth of the baby's head and avoid tearing
 - prefer a natural tear to an episiotomy
- allow baby to turn on their own after their head is born, intervene only as necessary
- Instrument-assisted birth only if medically indicated and with informed consent.

BIRTH & AFTERBIRTH

I prefer:

- immediate skin-to-skin contact.
 - I would like to avoid:
 - placing baby in warmer unless medically necessary
 - bulb suctioning unless medically necessary
 - drying and swaddling baby (prefer to leave vernix on baby)
- delayed cord clamping -do not cut the cord until it stops pulsating, is white, and limp
 - I would like to feel the cord and determine that it is no longer pulsing
 - OR, I Prefer to wait until after the placenta has been delivered
- we are banking the cord blood and will bring appropriate supplies provided
- Okay with use of (*or decline*) routine administration of Pitocin to reduce the risk of postpartum hemorrhage.
- to keep (or dispose of) the placenta for my examination; please do not dispose of the placenta.

- If planning to take it home: bring three Ziploc bags and a small collapsable lunch bag to transfer it into.
- Perineal repair of lacerations or tears
 - offer me alternatives to suturing versus suturing
 - timing of repair (perform right away or delay until after the first hour of bonding)

NEWBORN PROCEDURES

I prefer:

- delaying routine newborn procedures until an hour after birth.
- all necessary newborn procedures are done in my presence
- delay the first bath (24 hours or will do at home)
- Administer *or Decline* following routine newborn procedures:
 - antibiotic eye ointment (erythromycin)
 - vitamin K injection
 - Hepatitis B vaccine (option to delay until visit with the pediatrician)

FEEDING

I prefer:

- to exclusively breastfeed my baby. Please:
 - do not offer my baby a pacifier.
 - do not supplement my baby with any substance unless medically indicated.
- I prefer to express my colostrum or use donor milk -unless medically indicated and discussed.
- Request a certified lactation consultant visit with me before discharge
 - Assess for lip and tongue tie, previous history of baby with both.

UNEXPECTED LABOR EVENTS:

NICU

If my baby needs immediate care in the NICU, I prefer:

- Paternal partner/support person goes with the baby, my doula or other support person be with me
- instruction on expressing my colostrum (first breast milk), baby to be fed my colostrum/breast milk exclusively unless medically indicated and discussed.

CESAREAN

In the event of unplanned Cesarean surgery, I am okay with standard protocols.

I prefer:

- Paternal partner/support person be by my side in the operating room

- Doula to join us in recovery asap, should they be unable to be in the OR
- tell me what is happening -I want to be as aware of what is happening during surgery
- avoid strapping down my arms if possible
- play my music for me
- to take photographs of our baby and first contact, no open abdominal photos
- vaginal swab/vaginal seeding be done for baby's microbiome
- ensure delayed cord clamping, as appropriate
- have our baby placed on my chest for skin-to-skin, or on my partner's chest as soon as possible.
- baby to stay with parents unless medical treatment is necessary
- baby to breast asap
- If unplanned cesarean occurred, plan for future VBAC.

OTHER UNKNOWN CIRCUMSTANCES

- We plan to have more children. We appreciate all care and treatment options that support the opportunity for further pregnancies and vaginal birth.