

Sample Birth Plan

Identifying Information: Mother:

Partner:

Today's Date:

EDD (Estimated Due Date) :

Doctor/Midwife:

Hospital:

People present at birth:

First Stage Labor

- I would like to wear my own clothes during labor and delivery
- I would like the lights dimmed/ room quiet at all times
- No separation from partner at any point during labor or birth
- Option to return home if I'm less than 5 cm dilated
- If my water breaks at the onset of labor, I would prefer to wait 24 hours before *inducing
- If I go past my estimated due date, I would prefer not to induce labor as long as the baby and I are fine
- If inducing or augmenting labor becomes necessary, I would like to try the following techniques:
 - *Pitocin
 - Stripping or breaking membranes
 - Acupuncture/ Massage
 - Castor Oil

- *Nipple Stimulation
- *Walking
- *Sexual Intercourse

- I would prefer not to keep internal exams to a minimum
- I would like to eat & drink during labor
- No IV- rather a *heparin lock
- No pain meds offered to me- I will ask for them if I need them
- Would like to use other pain relieving methods first (massage, shower, tub (even if membranes have broken), hot/cold, breathing, etc.)
- If I use drugs, I would prefer to use :
 - Regional or local analgesia
 - Sedatives and hypnotics
 - Tranquilizers
 - Narcotics
- I would like to be free to walk and move as I choose
- I would like the baby to be monitored by:
 - *EFM continuous
 - EFM intermittent
 - *Fetoscope

Second Stage Labor

- *Episiotomies: Prefer episiotomy over tearing
 - Rather risk a tear than have episiotomy
 - Unless I am having a medical emergency,
 I would prefer not to have an episiotomy offered to me. Use of *perineal massage and warm compresses instead.

- I would like to be free to give birth in whatever position I choose
- I would like to have the following equipment made available to me:
 - *Birth Ball
(<http://www.childbirthclass.com/birthball.htm>)
 - *Birthing tub
 - *Birthing stool
 - *Squatting bar
- I would like to view the birth using a mirror
- No residents, interns, students or non-essential personnel present during birth
- I would like to push instinctively and not be told how or when to push
- As long as the baby and I are fine, I would like to be free of time limits on pushing
- If an assisted birth becomes medically necessary I would prefer:
 - *Forceps
 - *Vacume Extraction

Cesarean Section

- Partner present at all times during operation
- Screen lowered so I can see my baby coming out
- One hand free to touch baby
- Video/photos of baby coming out
- Immediate contact with baby/ breastfeeding if baby is in good health

Post Birth

- Partner would like to catch our baby
- Baby to be placed directly on my chest immediately after delivery

- Delay in cutting the chord until it has stopped pulsating on its own
- Partner to cut the chord
- Start breastfeeding immediately after birth
- Deliver placenta unassisted (nipple stimulation, breastfeeding only)
- Allow at least 30-45 minutes for delivery of placenta
- No routine Pitocin after birth
- Postponement of all newborn procedures for one hour after delivery so I can bond w/ my baby: Neosporin in eyes, Vitamin K shot, weighing/measuring, foot printing, bathing, etc.) Bath/ No bath (*Vernix left on baby)
- All newborn procedures to be done in my presence
- If I cannot be there, to be done in my partners presence
- Breastfeeding only; no introducing of anything artificial for baby including pacifier
- Rooming in: 24 hours
- Only when I'm awake
- If boy, *Circumcision?
- Hospital stay: As long as possible
As short as possible

Induction: artificially bringing on labor in a woman usually using Pitocin (an artificial form of the body's natural hormone Oxytocin)

Pitocin: A synthetic Oxytocin given through an intravenous drip (IV) to stimulate labor or to induce labor.

Heparin Lock: A small tube connected to a catheter in a vein in the arm for easy access.

External Fetal Monitor: A machine used to record the baby's heartbeat and the frequency of contractions.

Fetoscope: a stethoscope placed on the pregnant woman's abdomen to listen for the fetal heartbeat

Episiotomy: An incision made during childbirth to the perineum, the muscle between the vagina and rectum, to widen the vaginal opening for delivery.

Birthing Stool: During the 2nd stage of labor, sitting on a birth stool can widen the pelvis and allow more room for the baby's head to pass through. It can also help to relax the pelvic floor.

Squatting bar: Some birthing beds are equipped with a squatting bar (a support bar), which allows the mother to grasp it and lift herself up to a squat. It also stabilizes her while she pushes.

Birthing tub: A special tub designed for the mother to labor and give birth in. Many hospitals are now equipped with birthing tubs and they are available to rent for home birth.

Forceps: Curved metal tongs that cradle the baby's head to assist delivery in certain circumstances.

Vacuum Extraction: A technique used to facilitate childbirth using a suction device to help move the baby through the birth canal.

Vernix: Vernix, also known as Vernix caseosa, is the "waxy" or "cheesy" white substance found coating the skin of newborn humans. It is secreted by the fetus's sebaceous glands in utero, and is hypothesized to have antibacterial properties.

Circumcision: Surgical removal of the foreskin of the penis.

Nipple stimulation: Gentle rubbing or rolling of the nipple, or suckling of the nipples to encourage stronger contractions. Oxytocin, a hormone that causes contractions, is released in the body when the breasts are stimulated. After the baby is born, this release is important for the involution (returning to pre-pregnancy size) of the uterus.

Sexual Intercourse: Sexual intercourse may trigger the release of a hormone called Oxytocin and this may increase the frequency of contractions. Semen also contains substances called prostaglandins. These can help to ripen or soften the cervix helping it to dilate when labour contractions start. If you think your waters may have broken, don't make love as this may increase the risk of infection, but do seek advice from your doctor or midwife.

Perineal massage: the practice of massaging the perineum to make it more flexible in preparation for childbirth. The intention is to attempt to prevent tearing of the perineum during birth, and the need for an episiotomy.