



Healthcare designed for women

Birth Plan

A birth plan is a document written to communicate what is important to you about your birth. You do not have to choose a preference for each category, and you are welcome to change your mind at any time. Please bear in mind that we all share the same ultimate goal: The safest possible delivery for you and your baby and a positive experience! A birth plan is a great starting point, but you should be prepared for changes as the situation dictates.

Remember, some choices will necessitate the use of certain interventions, for example, elective inductions require the use of Pitocin and rupture of membranes.

In nearly all cases, AWW providers will recommend a minimum of IV access and appropriate fetal monitoring during admission.

Any and all recommended interventions can be declined by a patient, but providers may require that the patient sign a form acknowledging they are aware of the risks of declining recommended intervention against medical advice. (For example, declining antibiotics may lead to a worsening infection, etc.) AWW providers will continue to provide care even if a particular intervention is declined during labor.

Demographics:

Name: _____

Father of baby: _____

Support Person: _____

Person who will make decisions for me in the event of an emergency:

Person who will make decisions for my baby in the event of an emergency:

Personal context/background:

How would you describe your ideal birth experience?

What are the top 3 most important things to you during labor/delivery/postpartum?

- 1.
- 2.
- 3.

What fears or concerns do you have about birth?

Any prior birth or medical experiences we should discuss (positive or negative)?

Yes No

Any prior trauma or history that you would like to discuss privately with your physician?

(sexual, intimate partner, addiction or mental health, sexuality or gender identity, STI)

Preferences:

I would like the following people with me during labor.

For each indicate relationship and whether they can remain in the room during vaginal exams.

Hospital policy currently states: 3 support people max during labor and delivery. Must be the same people throughout. You can have any 6 visitors at a time after 2 hour postpartum recovery period.

Is there anyone specifically NOT allowed to be present?

Diet:

We generally follow hospital policy, which is a clear liquid diet in labor and ice chips only with an epidural. When surgery is planned or highly likely, we will order an NPO diet (nothing by mouth). Diet returns to normal as soon as clinically appropriate.

Any specific dietary requests while inpatient? Please circle:

Hmong diet Kosher Halal food allergies _____
plant bases/vegan gluten free diabetic low carb

I would like to try the following (please check all that apply)

- () Birthing ball
- () Birthing stool
- () Squat bar
- () Warm shower/bath (note: water birth is not offered at CVMC)

Anesthesia options (please check)

- I do not want anesthesia offered to me unless I specifically request
- I know I would like anesthesia and would consider the following options. Please circle
Hydrotherapy IV Nitrous epidural
- I would like to labor without anesthesia but I am open to it when needed

Delivery:

Who will be present (one allowed in OR for Cesarean): _____

(please check all that apply and place a star by those indicating those you strongly prefer)

Those with ^ are standard practice for all AWV providers.

- I prefer to avoid an episiotomy unless necessary ^
- I have made prior arrangements for storing umbilical cord blood
- I have made prior arrangement for doula support

For vaginal birth, I would like:

- To use a mirror to see the baby's birth
- For my labor partner to help support me during the pushing stage (hold a leg, support shoulders) ^
- For the room to be as quiet as possible
- To play music
- For the lights to be dimmed
- To push on my back ^, side, hands and knees, squatting, other _____
- To have a support person take still photos before/during/after birth
- To have a support person take video after birth
- For my baby to be placed directly on my chest immediately after delivery ^
- Direct skin to skin contact
- Perineal massage
- Mineral oil applied to perineum
- Delayed cord clamp if safe ^
- Delayed cord clamp until cord stops pulsing or placenta separates
- Active management of the 3rd stage of labor to decrease risk of hemorrhage^
- To begin breast feeding as soon as possible after birth

Baby care options:

- Defer to pediatrics
- Options to discuss: vitamin K Circumcision Hep B vaccine