



# My Birth Plan

Your birth plan is a way for you to let your care team know your wishes for your upcoming labor and delivery. It helps us know what is most important to you during you and your baby's hospital stay. Labor and delivery experiences are unique to each woman and are frequently unpredictable; rest assured we will always do our best to honor your wishes while keeping you and your baby safe.

**Please ask your care provider to review your birth plan with you as the highlighted sections are areas that are specific to your care provider. Please have them sign it and bring the signed copy to your Maternity Navigator visit.**

My name: \_\_\_\_\_ My due date: \_\_\_\_\_

My care provider: \_\_\_\_\_ My baby's care provider: \_\_\_\_\_

My care provider's signature: \_\_\_\_\_

**Please check the options in each section below that you choose:**

## **Labor room**

- Dim lighting
- Aromatherapy
- Labor tub
- Peanut ball
- Quiet, peaceful environment
- Bring my own music
- Wear my own clothes
- Birth ball
- Shower

## **Mobility**

- Walking in halls and changing positions as medically able
- Prefer staying in my room but up walking as desired
- Anticipate wanting a labor tub
- Anticipate wanting to use shower
- I understand that if I choose epidural anesthesia, I will be in bed and may need a catheter to empty my bladder.

## **Augmentation**

There may be times when labor slows down or stalls. Some options that may be discussed at that point are:

- Walking or changing laboring positions
- Care provider breaking your bag of water
- Medications to increase the strength or frequency of contractions

## **Monitoring**

- I prefer that my baby be monitored as minimally as possible.
- I prefer intermittent monitoring – my nurse touching my abdomen and listening to my baby with an external fetal monitor.
- I prefer continuous external monitoring of contractions and baby's heartbeat.
- I prefer a wireless monitor so that I can be up and moving during labor.

Note: It is important to know that there may be situations when a wireless monitor will not pick up your baby's heartbeat. In that case we will need to use the monitor at your bedside.

## **Hydration**

- Saline lock inserted but no fluids infusing unless medically indicated
- IV in place with fluids continuously infusing
- Liquids to drink (Sprite, Gatorade, popsicles) if okayed with care provider

## **Comfort Measures and Pain Control Options**

### Non-medical options:

- Doula support
- Relaxation techniques
- Peanut ball
- Labor tub / shower
- Position changes/ walking
- Breathing exercises / visualization
- Massage
- Birth ball
- Hot / cold packs

### Medical options:

- Please do not offer medications to me. I will ask for them if needed.
- Narcotic medications through my IV
- Epidural anesthesia when needed

## **Pushing and delivery**

- I prefer to wait to push until I feel the urge or until my baby descends.
- I prefer that my nurses help me to know when to push.
- I prefer to push when I feel the urge.
- I would like a mirror placed at the foot of my bed.
- I want to avoid forceps or vacuum unless absolutely necessary.
- I prefer to let my perineum tear rather have an episiotomy.
- I prefer having an episiotomy rather than letting my perineum tear.
- I would like to touch my baby's head as it crowns.
- I want my baby skin to skin immediately if my baby is stable.
- I do not want my baby handed to me immediately. Please dry my baby and then hand him to me.

