

Vaginal Delivery Birth Plan

This plan reflects my current preferences and may change as needed for my or my baby's safety.

Name: _____

My Support/Partner: _____

Doula/Other: _____

PLEASE NOTE:

I am GBS+

I have Rh incompatibility with baby

I have a fear of needles

I prefer trauma-informed care

Other: _____

I **do not** consent to medical or nursing students being present or providing care during my labor and delivery.

LABOR

I request:

A nurse experienced in low intervention birth
To be mobile during labor
To use a variety of positions as desired
To drink and snack as desired
Limited interruptions from staff

INTRAVENOUS (IV) LINE

I prefer a saline lock
I decline having an IV in place

FETAL MONITORING

I prefer intermittent monitoring
I prefer wireless fetal monitoring
I prefer doppler fetal monitoring

PAIN RELIEF OPTIONS

Hydrotherapy (tub or shower)
Nitrous oxide (if available)

TENS unit

IV pain medications

Epidural (anesthesia)

I do not want pain medications or anesthesia offered to me unless I specifically request it

If available, I would like to use:

A birthing ball
A birthing stool
A birthing chair
A squat bar

PUSHING

I want to push instinctively
I want to "Labor down" if no urge to push
I plan to use hypnobirthing techniques
I am open to coaching on when and how long to push
I would like guidance to help prevent tearing

PREFERRED POSITIONS FOR PUSHING:

Any position that feels right at the time
Assistance getting into different pushing positions if needed

DURING PUSHING:

I do not want perineal massage
I request counter-pressure with a warm compress
I want to touch baby's head as they are crowning
My preference to "catch" our baby is:

BIRTH & IMMEDIATELY AFTER BIRTH

I would like:

Immediate skin-to-skin contact
Delayed cord clamping for _____
Cord cut by: _____
Assistance with breastfeeding
Uninterrupted "Golden Hour"
Delay non-urgent tests or procedures
To save my placenta

I do not want:

My baby suctioned unless it's medically necessary
Vernix removed/wiped off my baby
Any interventions or traction with placenta delivery.
Pitocin after the delivery of the placenta unless medically necessary

CORD BLOOD BANKING PLAN:

IN THE EVENT OF A CESAREAN DELIVERY

Partner/support person present at my head
Warm blankets
Clear or lowered drape so that I can watch baby being born
Baby placed skin-to-skin ASAP
For my support person to accompany baby at all times
Delayed cord clamping for _____
Cord trimmed by: _____
Uninterrupted "Golden Hour"
Delay non-urgent tests or procedures
Assistance with breastfeeding
Other: _____

NEWBORN PROCEDURES

I decline eye antibiotics for baby
I decline Vitamin K shot for baby
I decline Hepatitis B vaccine for baby
I decline 24hr Newborn Screening/ PKU
I decline circumcision for baby boy

I request:

Rooming-in with my baby 24/7
Assessments or medications given in my room or while holding baby
Delay baby's bath during hospital stay
The PKU collection while I am holding or breastfeeding baby
Baby's blood type in the lab requisition
Baby boy to be circumcised

LACTATION / FEEDING

My feeding plan:

I do not want my baby given, unless necessary:

Formula
Sugar water
Pacifier

If supplementation is needed, prioritize colostrum, donor milk, and then formula

Initiate hand expression and pumping
Use alternative feeding methods
Request a Lactation Consultant ASAP