

The Birth Plan

Birth plans are ideas and expectations that you have about the birth of your baby. They are used to help you convey your wishes regarding your labor and birth, the surrounding environment, and any procedures that may or may not be desired. To help make this the most empowering event of your life, it's beneficial to devise a plan for your home or hospital birth. Once finalized, give copies of this to your midwife/doctor and any friends or family that will be attending your birth.

For more information on birth plans, check out www.childbirth.org.

The Birth Plan for: _____

Who will be your primary support person? _____

Please include the names of any other people who are important to have with you.

Due date: _____

Place of Birth: _____

Brief description of your birth philosophy: _____

First Stage of Labor

Environment (check as many as you like):

- Dim lights
- Peace and quiet
- Music
- Wear my own clothes
- No students, residents, etc.
- Minimal vaginal exams
- Video/pictures
- Other _____

Mobility:

- Maintain mobility (walking, rocking, up to bathroom, etc.)
- Freedom to move in bed only (up to bathroom)
- Mobility not important (catheter, used with regular epidural)

Hydration:

- No restrictions (eat & drink to your comfort)
- Clear fluids (water, Gatorade, Jell-O, etc.)
- Ice chips
- Heparin/Saline lock
- IV (you will have to have this if you are receiving medications)

Monitoring:

- Intermittent
 - Fetoscope (special stethoscope for pregnant moms)
 - Doppler
 - External Electronic Monitor
- Continuous
 - External Electronic Monitor
 - Internal Electronic Monitor

Pain Relief Offers (check only one):

- Only if I ask
- Offer if uncomfortable
- Offer as soon as possible

Pain Relief Options (check as many as you would prefer):

- Non-Medicinal
 - Chiropractic adjustments
 - Relaxation
 - Positioning
 - Water (shower or tub)
 - Heat or cold therapy
 - Massage
 - Acupressure
- IV Medication
 - Stadol
 - Nubain
 - Demerol
 - Other
- Epidural
 - Ultra low dose epidural (walking epidural)
 - Classical epidural
 - Other

Induction/Augmentation:

- Induction
 - Natural methods (walking, nipple stimulation, sex, etc.)
 - Herbal induction's (cohoshes, etc.)
 - Prostaglandin gel (recommended if you have an "unfavorable cervix")
 - Pitocin (given in IV, it is a synthetic hormone to induce contractions)
 - Amniotomy (breaking the waters)
 - Cytotec (oral or vaginally inserted tablet)

Induction/Augmentation (continued):

- Augmentation

- Walking
- Nipple stimulation (releases natural oxytocin which will produce contractions)
- Pitocin
- Amniotomy
- Other

Second Stage**Pushing (some of these will depend on if you are medicated, how your labor is going, and the health of your baby):**

- Choice of positions (some are better for encouraging a baby to come down)
- Water birth
- Prolonged length
- Spontaneous bearing down (listening to your body and pushing)
- Directed pushing (being told to push at certain times, while holding your breath)
- Prefer to use people for leg support
- Foot pedals
- Squat/birth bar (squatting allows the pelvic opening to become 1/3 wider)
- Stirrups

Delivery Procedures (check procedures which are acceptable to use):

- None (midwife/doctor/partner receiving the baby vs. pulling on head or neck)
- Hands-on delivery (common procedure, pull and rotation of newborn's head and neck)
- Vacuum Extraction
- Forceps

Perineal Care:

- Prefer no episiotomy (massage, compresses, positioning)
- Episiotomy

Baby Care**Cord Cutting:**

- Immediate
- Delayed (wait until it has stopped pulsating so baby receives all the blood from the placenta)
- Partner to cut cord

Chiropractic Care:

- Baby checked immediately after birth
- Baby checked within 24 hrs. after birth
- Baby checked within one week after birth

Tests/Vaccination:

- None (sign consent form, may choose to do them at a later date)
- Vitamin K
- PKU (heel prick)
- Hepatitis B

Eye Care (antibiotics to prevent visual problems in case mother infected with gonorrhea):

- None
- Delayed
- Immediate

Washing (removes the vernix, which is the protective coating covering the newborn's skin):

- No (can do this later on your own)
- Yes

Feeding:

- Breast feeding only
- Bottle feeding only
- Combination
- No pacifiers or glucose water

Separation:

- None (baby placed with mother for warmth immediately after birth)
- Rooming-in (baby under heating lamp, sleeping in room)
- Partial rooming-in (baby with mother during day, but not night)
- Nursery (baby brought to you on your schedule)

Circumcision:

- None
- Do not retract the foreskin
- In the hospital
- Parents present
- Use anesthesia (depends on the practitioner)

Other baby care requests:**Complications****Cesarean:**

- Spinal/epidural anesthesia
- Partner present
- Video/pictures
- Description of surgery
- Partner to cut cord
- Breast feeding in recovery room
- Other _____
- General anesthesia
- Additional person present _____
- Screen lowered to view birth
- Touch the baby

Sick infant:

- Breast feeding as possible
- Unlimited visitation for parents
- Handling the baby (holding, care of, etc.)
- If baby is transported to another facility, move us as soon as possible
- Other _____

The following is a list of questions you may want to ask an Obstetrician or Nurse Midwife if you are planning a hospital birth. Look through these questions before your interview and make sure you understand what they refer to and choose the ones that are absolutes and those that you can compromise on. The caregiver wants to give you the answers you are looking for and that may equal a kind of evasiveness. Approach the question from several angles and be sure they fully explain their answers to you.

Name of caregiver _____ Phone _____

- How many mothers do you see at one time? _____
- How many midwives (doctors) share your practice with you? _____
- When are you on call and would you stay with me if my labor continued after your shift?

- What does your prenatal care consist of ? _____
- I would like to avoid unnecessary testing and medical procedures. What is your policy on diagnostic ultrasound ? _____
on gestational diabetes testing? _____ on using a fetoscope
instead of a doppler prenatally? _____ during labor? _____
on the OTC test _____ on the non stress test _____
- Under what circumstances would I be forced to undergo a test or procedure I have indicated I don't want? _____
- Can you determine fetal lie with external abdominal palpation? _____
- Do you do internal exams prenatally? _____ May I choose to have no internal exams until I am in labor? _____
- Under what circumstances would you insist on an internal exam? _____
- Do you provide nutritional education? _____
- What is your policy on induction? _____
- How long would you allow a client to go post dates? _____ What is the 'latest' you have seen a woman go? _____ in your practice? _____
- What testing would be non negotiable at one week post dates? _____ at two weeks? _____ at three weeks? _____
- What are your procedures for induction? _____
How do you feel about the use of herbs such as Blue and Black Cohosh to encourage labor?

- What are your personal feelings about unmedicated natural birth? _____
- What percentage of your clients had a natural unmedicated birth last year? _____
- Would I deliver in a birthing room or in a delivery room? _____ How many birthing rooms are available and what percentage of your clients wishing to deliver there actually do? _____
- Does hospital policy, in respect to my birth plan, differ if I deliver in the delivery room? _____ If so, how? Please continue to list examples as you think of them throughout this questionnaire.

