

O B G Y N

## Birth Plan

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Doula's Name: \_\_\_\_\_

### Environment

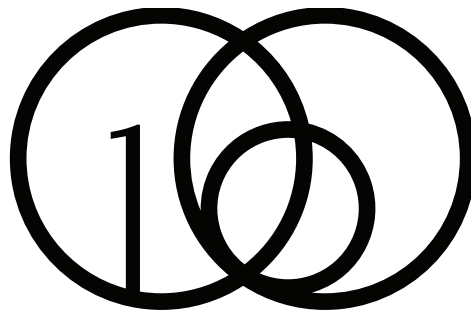
- ☐ I would like the lights in the room to be low and dimmed.
- ☐ I would like to have my own music.
- ☐ I would like to minimize the amount of people in my room.

### Labor

- ☐ I prefer to labor at home as much as possible.
- ☐ I prefer to labor at home with my doula \_\_\_\_\_.
- ☐ I would like to be out of bed as much as possible if I do not have an epidural.
- ☐ I prefer to have intermittent/wireless fetal monitoring to ensure mobilization.
- ☐ I prefer to have the IV hep locked instead of connected if I am unmedicated.
- ☐ I prefer the amniotic membrane to rupture naturally unless necessary.
- ☐ I would like to eat and drink freely unless otherwise instructed.
- ☐ I prefer to minimize the amount of vaginal exams unless necessary.

### Pain Management

- ☐ I plan on having an unmedicated birth:
  - ☐ Do not offer pain medication options unless I ask.
  - ☐ Please offer pain medication options if I appear uncomfortable
- ☐ I would like to have an epidural as soon as possible
- ☐ I am unsure if I want an epidural and would like to decide whether I want an epidural when I am in labor.



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### Delivery

- ☐ I would like to be in any positions I want when I am unmedicated.
- ☐ I would like to touch the baby's head during crowning.
- ☐ I would like to do skin-to-skin immediately.
- ☐ I would like delayed cord clamping if possible.
- ☐ I would like to have \_\_\_\_\_ to cut the cord if possible.
- ☐ I would like to have oil for perineal massage during the delivery.

### Postpartum

- ☐ I would like to delay newborn procedures (bathing, erythromycin eye ointment, vitamin K shot) at the end of the hour of birth.
- ☐ I would like the hepatitis B shot for the baby in the hospital.
- ☐ I would like non-separation protocol after the baby is born.
- ☐ If the baby needs to go to the NCCU for medical reasons, I would like \_\_\_\_\_ to accompany the baby.
- ☐ I plan to exclusively breastfeed my baby.
- ☐ I plan to breastfeed my baby if I can, but if I am having trouble, I would like the option of formula
- ☐ If I have a boy I would like him circumcised in the hospital by one of the doctors of 1060 OBGYN.

Additional comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_