

'S Birth Plan

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Name: _____ Planned Place of Birth: _____
Partner: _____ Pediatrician: _____
My Date of Birth: _____ My Midwife(s) Name(s) _____
Estimated Due Date: _____ This is my _____ baby

Important Pregnancy Facts...

I am GBS _____ and am electing to _____ antibiotics in labor.

My blood type is:

During this pregnancy, I have had

Anemia

Low Blood Pressure

Gestational Diabetes

High Blood Pressure

Support Team Members

	Labor	Birth	Postpartum
Partner:			
Parents:			
Other Children:			
Doula:			
Other(s):			

Labor & Birth Special Requests

'S Birth Plan

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I request my support team to help me through labor by...

Playing the music I've provided.

Take pictures of my labor and birth.

Using words of encouragement

Providing hands on support, like massage.

Reminding me to eat and drink.

Other:

Being as quiet as possible.

Keeping the lights dim

Other:

MY Delivery Preferences...

- I want my partner to catch baby.
- I want to deliver in the water.
- I want my midwife to support my tissue and provide warm compresses.
- I want to have a mirror (that I supply) to see the baby being born.
- I want to touch my baby's head as it is crowning.

Cord & Placenta Preferences

- I want the cord to stop pulsating before it is cut.
- I want the placenta to deliver before the cord is cut.
- I am the cord blood banked.

Cord Severance Choice:

- I want to have a tour of the placenta.
- I want my placenta to be encapsulated.

PostPartum:

- I want my baby to receive the Vitamin K injection.
- I want my baby to receive erythromycin eye ointment.
- I want my baby to have the Newborn Metabolic Screening performed.