

My Birth Plan

This birth plan is a good way to start conversations with your provider and birth team about your intentions for labor and childbirth. There are a lot of options when it comes to birth. Understanding the options will help you make the best decisions for you and your baby. Remember to be flexible. Consider issues that may come up. Have alternative plans in place. Every birth is different. In some cases, your provider might suggest an intervention, like inducing (starting) labor, to help you deliver your baby safely.

Start this planning process early in your pregnancy so you have enough time and mental space to think through your options. When the time to labor comes, you may be too tired, excited or nervous to make big decisions about your birth. This plan will serve as a reminder of your intentions and everything you learned along the way. Share this plan with your second parent and anyone on your birth team, including your doula, family members and friends who will help you during labor, childbirth and recovery. Explain why you made the choices listed. This will help your birth team support you when the time comes.

Interventions are actions taken by health care providers to help with the birth of your baby. Not all interventions are necessary. You may have a strong preference for some interventions but not others. Being informed and planning ahead will reduce the pressure you may feel to use interventions you are not comfortable with. Being informed about the options is empowering and helps prepare you for better communication during labor.

Pack this birth plan in a “hospital bag” ahead of time, along with any other items you may want during labor and delivery. You can find many suggestions for what to pack online. Your doula, health care provider and experienced parents can also offer suggestions for what to pack.

Bring at least 4 copies of your birth plan with you to your place of birth (hospital, birthing center). If you are at a hospital for an extended period of time, it is important to have copies for every nurse shift that you may stay there through.

You can print your birth plan at any Buffalo & Erie County Public Library for \$0.10 per page.

Find more information about birth options here:

Erie County Health Equity Beat: Let’s Talk About Pregnancy: <http://www.erie.gov/health-equity>

Your Guide to a Healthy Birth: www.health.ny.gov/publications/2935.pdf

Evidence Based Birth: evidencebasedbirth.com

Buffalo & Erie County Public Libraries: Ask any librarian for help researching birth options.

My Birth Plan

Remember to bring at least 4 copies of your birth plan with you to your place of birth.

My Name	_____	Pronouns	_____
Second Parent's Name	_____	Pronouns	_____
Health Care Provider Name	_____	Pronouns	_____
Doula's Name	_____	Pronouns	_____
Due Date	_____		
Birth Location Name	_____		
Birth Location Address	_____		
Birth Support Team	_____		
list names, pronouns and	_____		
roles (ex. Helen, she/her,	_____		
grandmother)	_____		
Allergies	_____		
Medications	_____		

General (choose one)

- ☐ I trust that my health care provider will ask for my opinion concerning all of the issues directly affecting my birth before deviating from my plan.
- ☐ I trust my health care provider to make any necessary changes to my birth plan without needing to ask me first.

Before Labor Begins

Here are some things to think about as you progress through your third trimester onto full-term. You will want to discuss these options with your health care provider and birth team before deciding.

BEFORE LABOR BEGINS

As long as the baby and I are healthy:

- ☐ I would like to wait until 41 weeks before inducing labor.
- ☐ I have no time restrictions on the length of my pregnancy.
- ☐ I would like to discuss induction before my due date.
- ☐ If I go past my due date and the baby and I are healthy, I prefer to go into labor naturally rather than be induced.
- ☐ If nonstress test observations become necessary after my due date, I support this procedure.
- ☐ I support stripping or sweeping my membranes during a vaginal exam.
- ☐ I prefer not to have my membranes stripped, swept or broken unless there is an emergency situation.
- ☐ I prefer minimal internal vaginal exams.
- ☐ I would like to labor at home for as long as possible.
- ☐ If I am at the hospital and less than 4 centimeters dilated, I would like to discuss with my health care provider the option to go home.

Inducing Labor

Labor should start naturally. When it does not, there are many ways to induce or start labor. Any of the methods you are considering should be discussed with your health care provider before trying.

INDUCING LABOR

If inducing labor becomes necessary or desired, I am open to trying:

- ☐ Breast stimulation
- ☐ Walking
- ☐ Chiropractic
- ☐ (circle any) ACUPRESSURE / ACUPUNCTURE
- ☐ Sexual intercourse
- ☐ Prostaglandin insertion (ex. Dinoprostone or Misoprostol)
- ☐ Oxytocin hormone infusion (ex. Pitocin)
- ☐ Rupturing membranes (also known as breaking your water)
- ☐ Other methods: _____

Environment

Lighting, sound, body position and the people in the room will all contribute to a positive birth experience. Please discuss all of these options with your health care provider and birth team. Some options may not be available at every birthing location or during certain stages of labor. Please check with your birth location ahead of time. Most hospitals and birthing centers offer tours of their labor and delivery facilities for expecting parents. **Contact your birth location to find out if you can take a tour.**

ENVIRONMENT

Terms to use or avoid:

Please refer to me as: _____

Please do not refer to me as: _____

The following people are allowed to be with me in my birthing location:

- ☐ SECOND PARENT / PARTNER (circle any): _____
- ☐ Doula: _____
- ☐ Family & Friends: _____
- ☐ I do NOT want hospital residents or medical students attending my birth
- ☐ I do NOT want doulas in training attending my birth
- ☐ These people are NOT allowed in my birth location at any time: _____

☐ When I transition to the last stage of active labor, I would like to limit the birthing room to the following people: _____

☐ I trust my (circle any) SECOND PARENT / PARTNER / DOULA / HEALTH CARE PROVIDER to let others in the birthing room know when it is time to leave the room.

I would like the following comforts:

- ☐ Private room
- ☐ Squatting bar
- ☐ Birthing bed
- ☐ Birthing tub, pool or shower (circle any)
- ☐ Room with a shower
- ☐ Birthing stool
- ☐ Birthing ball or peanut ball
- ☐ LABOR / DELIVERY / POST-DELIVERY

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- ☐ Lights dimmed
 - ☐ People in the room speaking softly
 - ☐ No one to speak to me during labor
 - ☐ To wear hospital clothing ☐ To wear my own clothing during labor and delivery
 - ☐ To be reminded to remove my clothes before transition
 - ☐ To be able to play music from my playlist
 - ☐ To watch TV ☐ To wear a headset or ear buds
 - ☐ To have my labor and birth (circle any) PHOTOGRAPHED / FILMED
 - ☐ To wear my glasses or contacts unless removal is medically necessary
 - ☐ To have access to my own snacks and drinks
 - ☐ To keep the door to my room closed at all times

Labor

These options for labor are focused on monitoring labor, administering medical interventions and transitioning to active labor. Talk with your health care provider about how these options connect with your other choices in this birth plan.

LABOR

Labor positions I am open to trying:

- ☐ Classic semi-recline (typical hospital bed position)
- ☐ Squatting
- ☐ On hands and knees
- ☐ Standing up
- ☐ Lying on my side
- ☐ On the toilet
- ☐ Whatever works in the moment

Labor techniques I intend to use:

- ☐ Lamaze
- ☐ Bradley method
- ☐ Hypnobirthing
- ☐ Other: _____

Labor monitoring

- ☐ I would like to be able to move around as I wish throughout labor.
- ☐ I would like to be able to drink fluids during labor.
- ☐ I prefer an intravenous (IV) line for fluids and medications.
- ☐ I prefer a heparin or saline lock for fluids and medications.
- ☐ I will ask for an enema if I need one.
- ☐ I would like an enema as soon as possible.
- ☐ I prefer continuous fetal monitoring.
- ☐ I prefer intermittent fetal monitoring.
- ☐ I prefer to have an episiotomy.
- ☐ I prefer a pressure episiotomy.
- ☐ I prefer no episiotomy and will risk tearing unless there is a medical emergency.
- ☐ Use of stirrups is okay.
- ☐ No stirrups please.

Second Stage Labor

- ☐ As long as the baby and I are healthy, I prefer to have no time limits on pushing.
- ☐ If pushing for more than several hours, I am open to medical intervention in 2nd stage labor.

Pain Relief

There are many pain relief options, including medical interventions. It is important to discuss these options, including how they will feel and understand any side effects, with your health care provider. Once they know your intentions, your birth team can provide support for your choices.

PAIN RELIEF

- ☐ Please do not offer pain medications unless I ask for them.
- ☐ Please suggest pain medication options to me if you see that I am in pain.
- ☐ Please discuss pain medication options with me as soon as possible.
- ☐ After my health care provider explains my options, I would like private time with my partner or birth team to discuss before making any final decisions.

Pain management techniques I am open to trying:

- ☐ Breathing techniques
- ☐ Distraction techniques
- ☐ Massage
- ☐ ACUPRESSURE / ACUPUNCTURE (circle any)
- ☐ VISUAL IMAGING / COLOR THERAPY (circle any)
- ☐ WATER / BATH / SHOWER (circle any)
- ☐ Epidural block (spinal injection in lower back)
- ☐ Other pain medications: _____
- ☐ Other pain relief techniques: _____

Cesarean

Cesarean section (C-section) is not necessary for most birthing parents. If C-section becomes medically necessary, it is important to know your options ahead of time.

C-SECTION

- ☐ My partner should be present at all times during the C-section.
- ☐ I would like these individuals present during C-section: _____
- ☐ I would like to remain conscious during C-section.
- ☐ I would not like to remain conscious during C-section.
- ☐ I would like solid drapes during C-section.

Gentle C-section

- ☐ I would like to be able to view C-section through a (circle any) CLEAR SURGICAL DRAPE / LOWER DRAPE WALL.
- ☐ I would like my (circle any) PARTNER / BIRTH TEAM to be able to view my bottom half.
- ☐ I would like one arm to remain free during C-section.
- ☐ I would like monitors to be placed on areas of my body so I can have skin-to-skin contact immediately following childbirth.
- ☐ I would like to see my baby immediately following C-section birth.
- ☐ I would like to hold my baby immediately following C-section birth.
- ☐ I would like _____ to hold my baby immediately following C-section birth.
- ☐ I would like to begin breastfeeding/chestfeeding immediately following C-section birth.
- ☐ I would like delayed cord clamping following C-section.

- ☐ I would like (name) _____ to be able to cut the umbilical cord.
- ☐ I need to discuss incision options before deciding.
- ☐ I prefer a low transverse incision. ☐ I do not have an incision preference.
- ☐ I would like my baby with me during recovery.
- ☐ I would like (name) _____ to bond with my baby until I am free to bond.
- ☐ Please discuss post-operation pain medication with me before or as soon as possible.
- ☐ I would like post-operation pain medication that is safe for breastfeeding.

Delivery

The final stage of labor is delivery. It is very important that your birth team knows how you would like support during delivery. Please indicate your choices as well as who should carry out the tasks.

DELIVERY

- ☐ Please do not tell me when to push. ☐ Please tell me when and how to push.
- ☐ I want my partner to support me when pushing.
- ☐ I would like to view my birth using a mirror.
- ☐ Please prompt me to touch my baby's head as it crowns.
- ☐ I would like the room to be completely silent as my baby is born.
- ☐ Please allow (name) _____ to "catch" my baby.
- ☐ I want my health care provider to check with me before catching my baby.
- ☐ I want my health care provider to catch my baby.
- ☐ Please wait for the umbilical cord to completely stop pulsating before it is clamped.
- ☐ Please allow (name) _____ to cut the umbilical cord.
- ☐ Please do not announce the assigned sex of my baby at the time of birth.
- ☐ I want to be consulted before a sex is assigned to my baby.
- ☐ I would like to bank my baby's cord blood & have made arrangements for this with _____
- ☐ I am open to the use of Pitocin to deliver my placenta.
- ☐ I prefer to deliver my placenta naturally.
- ☐ I would like routine Pitocin given after my placenta is delivered.
- ☐ I do not want routine Pitocin unless there are signs of hemorrhaging (significant, persistent bleeding).
- ☐ I would like to take my placenta with me and have made the following arrangements to transport it _____
- ☐ I would like my baby put directly on my chest immediately after childbirth.
- ☐ I would like _____ to hold my baby immediately after childbirth.
- ☐ I would like to begin breastfeeding/chestfeeding as soon as possible after childbirth.
- ☐ Please do not offer pain medication after childbirth unless I ask for it.
- ☐ Please suggest pain medication options if you see that I am in pain after childbirth.
- ☐ Please discuss pain medication options with me immediately following childbirth.
- ☐ I would like post-operation pain medication that is safe for breastfeeding.

After Childbirth

AFTER CHILDBIRTH

Terms to use or avoid:

- ☐ Please use gender neutral language when referring to my baby.
- ☐ Please refer to my baby as: _____
- ☐ Please do not refer to me as the mother of my baby.
- ☐ Please refer to me as: _____
- ☐ Please do not refer to my partner or the second parent as the father of my baby.
- ☐ Please refer to my partner or the second parent as: _____

Newborn procedures and practices:

- ☐ If the baby has any problems, I would like (name) _____ to be present with the baby at all times, if possible.
- ☐ I would like all newborn routine procedures to be performed in my presence.
- ☐ I would like all newborn routine procedures to be performed right away.
- ☐ I would like bonding and breastfeeding/chestfeeding to happen before any newborn routine procedures.
- ☐ Please do not bathe my baby at all.
- ☐ Please bathe my baby after we have had time to bond.
- ☐ I would like to give my baby their first bath with someone from my birth team.
- ☐ Please do not circumcise my baby.
- ☐ Please do not retract my baby's foreskin.
- ☐ I would like my baby circumcised.
- ☐ Please use a local anesthetic for circumcision.
- ☐ Please delay circumcision as long as possible.
- ☐ I do not consent to any procedures related to my baby's sex assignment or genitals.
- ☐ My baby is to be exclusively breastfed/chestfed (no bottles and no formula).
- ☐ I would like to bottle feed my baby expressed milk only (no formula).
- ☐ I would like to combine breastfeeding/chestfeeding and formula feeding.
- ☐ I would like to see a lactation consultant as soon as possible after childbirth (IBCLC if possible).
- ☐ I will not be breastfeeding/chestfeeding my baby.

I am okay with any of the following being offered to my baby:

- | | |
|------------------------------------------|-----------------------------------|
| <input type="radio"/> Pacifiers | <input type="radio"/> Formula |
| <input type="radio"/> Artificial nipples | <input type="radio"/> Sugar water |

I would like:

- ☐ To be transported with my baby, if necessary
- ☐ Full rooming in, with no separation, unless my baby is sick
- ☐ Nursery care, if available
- ☐ My partner to be able to stay with me for the duration of my hospital stay
- ☐ To be offered a room to stay in at the hospital if my baby is experiencing health problems

- ☐ Breastfeeding/chestfeeding OR expressing milk for my baby to be a priority, even if my baby spends time in a Neonatal Intensive Care Unit (NICU) for any health problems

My stay at the birth location should be:

- ☐ As short as possible
- ☐ As long as possible

For the birth certificate:

- ☐ I would like to be listed as (circle one) PARENT / MOTHER / FATHER on the birth certificate.
- ☐ I would like my partner or second parent to be listed as (circle one) PARENT / MOTHER / FATHER on the birth certificate.
- ☐ I do not want a second parent listed on the birth certificate.

Other Notes

OTHER