



# MY BIRTH PLAN



NAME:

PROVIDER::

BIRTH PARTNER::

OTHER ATTENDANT(S):

## LABOR

- PREFER FREEDOM TO MOVE AROUND
- INTERMITTENT MONITORING
- SALINE LOCK TO IV
- PREFER WATER TO BREAK NATURALLY
- NO PAIN MEDICATION UNLESS REQUESTED
- PREFER DIM LIGHTS
- PREFER NO VISITORS

## DELIVERY

- FREEDOM TO DELIVER IN POSITION MOST COMFORTABLE
- NO EPISIOTOMY
- UN-COACHED PUSHING
- DELAYED CORD CLAMPING
- IMMEDIATE SKIN TO SKIN
- UTILIZE CORD BLOOD BANKING KIT
- SAVE PLACENTA

## NEWBORN

- BREAST MILK ONLY
- PREFER TO FORMULA FEED
- DECLINE EYE OINTMENT
- DECLINE VITAMIN K SHOT
- IF BABY IS A BOY- PREFER CIRCUMCISION
- PREFER TO DELAY FIRST BATH