F.A.M.ily Birthing Plan

Every birth is different.

What can you plan for?

More than you think.

My Name: _____ **Partner's Name:** _____

OB/Midwife's Name: _____ **Contact number:** _____

My Baby-to-Be's Name: _____ **Expected Due Date:** _____
(OPTIONAL)

Labor Preparation / Preferences:

I have completed the following:

- ☐ Prenatal and Breastfeeding Classes
- ☐ Hospital Tour
- ☐ Cord Blood and Placenta instruction forms
- ☐ Other: _____

Please note that I:

- ☐ Have a low tolerance for pain.
- ☐ Have gestational diabetes.
- ☐ Have a pre-pregancy illness that needs to be monitored.
- ☐ Other:
- ☐ _____

My Partner's preferred delivery method is:

- ☐ Vaginal
  - ☐ Has had a prior C-section Have
  - ☐ had prior surgery on uterus
- ☐ C-section (if checked, move to page 2)

If I have a vaginal birth, I want:

- ☐ To view the birth using a mirror To touch my baby's
- ☐ head as it crowns For the hospital staff to help me with
- ☐ pushing techniques
- ☐ To start in this postion_____

Delivery room environment preferences:

- ☐ Dim lighting
- ☐ Birthing ball
- ☐ Music
- ☐ Minimal sound Blankets and/or
- ☐ photos from home
- ☐ Aromatherapy scents
- ☐ Photos taken by: _____
- ☐ Other: _____

Help for managing labor discomfort:

- ☐ Natural techniques (such as a bath or shower, breathing techniques, hypnobirthing techniques or massage)
- ☐ Regional analgesia (an epidural and/or spinal block) Please
- ☐ don't offer me pain medicine. I'll request it if I need it
- ☐ Other: _____

I want these people in the delivery room:

- ☐ Partner: _____
- ☐ Parents: _____
- ☐ Doula: _____
- ☐ Friend: _____
- ☐ Other family member: _____

Planning for the Unexpected:

The idea of something not going as planned is probably the last thing you want to think about. Fortunately, talking ahead of time can help you plan for the unexpected and understand the decisions you may have to make.

If my doctor or midwife believes induction is necessary, I would prefer the following:

Options to help prepare cervix (also referred to as cervical ripening):

- ☐ Cervical ripening vaginal insert
- ☐ Pill (misoprostol/Cytotec®) not FDA approved
- ☐ Catheter
- ☐ Other: _____

Options to help with contractions:

- ☐ IV drip (oxytocin/Pitocin)
- ☐ Nipple stimulation
- ☐ Walking around
- ☐ My doctor or midwife will help break my water

If we need a C-section and it's not an emergency:

- ☐ If possible, I'd like to have a moment alone/with my partner/family/other to process this before having a C-section
- ☐ I'd like to have _____ present for the procedure
- ☐ I'd like to have a sheer screen to watch, if possible
- ☐ I'd like to have it explained as it happens
- ☐ I'd like to have music playing

In case of interventions such as vacuum, forceps or episiotomy, what requests can I make?

- ☐ If I need any of these procedures, please discuss with me beforehand
- ☐ I would prefer not to have an episiotomy unless medically necessary
- ☐ I would prefer not to have forceps used
- ☐ I would prefer not to have a vacuum used

After-delivery preferences:

Procedure for the umbilical cord:

- ☐ My partner (or _____) to cut the cord
- ☐ Delayed clamping and cutting of the cord (after it stops pulsating)
- ☐ Send it to the cord blood bank

  Company name _____

  ☐ Blood ☐ Cord ☐ Both

Use of the placenta:

- ☐ Hospital to take
- ☐ Take home (there may be additional steps taken by the hospital for the release of your placenta)
- ☐ I want the placenta collected for banking

  Company name _____

If my baby is a boy:

- ☐ I want my baby circumcised prior to leaving the hospital
- ☐ I do not want my baby circumcised prior to leaving the hospital

I want to hold my baby for the first time:

- ☐ Immediately after delivery (skin to skin)
- ☐ After being wiped clean
- ☐ After weighing and initially cleaning my baby
- ☐ I'd prefer not to hold my baby after childbirth
- ☐ Other: _____

I want to feed my baby with:

- ☐ Breast milk
  - ☐ I prefer my baby doesn't get any bottles
- ☐ Formula
- ☐ Both

I want to start breastfeeding:

- ☐ As soon as possible after delivery
- ☐ After discussing with lactation consultant
- ☐ When I feel comfortable

Don’t forget to pack:

Don’t worry if this list looks long. Many of these are small things you might not be thinking about if you have to rush out the door.

- [ ] Photo ID
- [ ] Insurance card
- [ ] Cell phone/Charger
- [ ] Toothbrush/Toothpaste
- [ ] Comfy clothing
- [ ] Nursing bras/Regular bras
- [ ] Maternity underpants/Nightgown/Pajamas
- [ ] Bathrobe/Socks/Flip-flops
- [ ] Makeup/Deodorant
- [ ] Glasses/Contacts
- [ ]
- [ ] Something to read
- [ ] Lotion/Soap/Lip balm
- [ ] Rear-facing car seat
- [ ] Laptop or tablet
- [ ] Camera
- [ ] Birthing ball
- [ ] Baby outfit
- [ ] Favorite pillow
- [ ] Relaxing music and scents
- [ ] Favorite hydrating beverage (check with your doctor before consuming)

Notes: