Congratulations! We are excited to be a part of your upcoming delivery. We want to help make this experience meaningful for you and your family, and invite you to share with us your preferences for labor, birth and immediately after.

Our main goal is to provide a safe experience for you and your baby. Keep in mind that flexibility is the key with childbirth experiences! Your preferences may change during labor, or your labor may take a different path. That is why we are here to support you and your family every step of the way. We look forward to being a part of your childbirth experience.

About Our Family

My name ____________________________________________

My primary support person ___________________________ (Relationship) ______________________________

We are expecting: □ Boy □ Girl □ “It’s a Surprise” □ Twins □ Other ______________________________

Our baby’s name(s): ____________________________________________ □ “It’s a Surprise”/Undecided

☐ This is my first baby

☐ In preparation for this birth experience, I have taken a childbirth/breastfeeding class:
  □ At the hospital
  □ Offered by my provider’s office
  □ Other (Please share the name and/or location of the class) ______________________________

Support During Labor and Birth:

☐ I am having a planned C-section and understand that I may only have a primary support person present. My primary support person during surgery will be ____________________________________________________________

• During labor, I would like to have the following people present:
  □ My primary support person ____________________________________________________________
  □ The following support people _________________________________________________________
  □ Birth doula ________________________________________________________________
  □ The following visitors _____________________________________________________________
• During my baby’s birth, I would like to have the following people present:
  - My primary support person ______________________________________________________________
  - The following support people ____________________________________________________________
  - Birth doula ___________________________________________________________________________
  - The following visitors ___________________________________________________________________

• Would you like help limiting your visitors during labor and/or birth?
  - Yes, please help me limit my visitors during labor
  - Yes, please help me limit my visitors during birth
  - No, I do not need help to limit visitors

• Personal Request: ________________________________________________________________________
  - I would like for my family that is waiting in the lobby to have updates on my progress.

Pain Control During Labor and Birth:

- **C-section:** I am having a planned C-section with regional anesthesia (epidural or spinal) as determined by the anesthesiologist.

- **Labor:** For labor, I have discussed pain control options with my physician/certified nurse midwife and would like:
  - To give birth as naturally as possible
    - Please remind me of coping techniques periodically (breathing relaxation, position changes, massage and other strategies)
    - Please allow me to ask for medications if/when I need them.
  - To have IV pain medication as ordered by my provider
  - To have an epidural (if I am medically a candidate)
  - I’m not sure; please offer some helpful techniques and tips

• Personal Request: ________________________________________________________________________

During Labor:

- If medically safe for me and my baby, I would like:
  - To use the birthing ball and/or rocking chair
  - To walk around and remain active (exception: epidural anesthesia)
  - To use the shower or tub (as available)
  - To bring music from home

• Personal Request: ________________________________________________________________________
Birth and Immediately Following Birth:

- If medically safe for me and my baby, I would like:
  - [ ] To have a mirror available to help me see to push (vaginal birth)
  - [ ] To use a birthing bar or birthing chair (vaginal birth)
  - [ ] To be able to touch my baby’s head as it crowns (vaginal birth)
  - [ ] To have my primary support person cut the cord (after the birth for C-sections)
  - [ ] To have my baby placed skin-to-skin on my chest (all births)
  - [ ] To have my baby wiped off and wrapped before I hold him/her (all births)

- Personal Request: 

- Cord Blood Banking
  - [ ] I am planning to bank my baby’s cord blood
  - [ ] I would like to donate my baby’s cord blood
  - [ ] I am not planning on either banking or donating my baby’s cord blood

- The “Magic Hour” Immediately After Birth: Research has shown that the first hour immediately after birth is the perfect time to promote bonding, to initiate breastfeeding and to help your baby make a calm transition to life outside the womb. During this time, I prefer to:
  - [ ] Have quiet time alone with my primary support person and baby
  - [ ] Not have quiet time. Please allow family members and visitors to be present as soon as possible

- Personal Request: 

Our New Baby

- Feeding
  - [ ] I plan to breastfeed immediately after birth and hold my baby skin-to-skin
  - [ ] I have breastfed other children before
  - [ ] This is my first breastfeeding experience
  - [ ] I would like to see a Lactation Specialist
  - [ ] I am planning to bottle-feed
  - [ ] I am undecided and would like more information about the support and resources available to me

- If I have a boy:
  - [ ] If I choose to have him circumcised in the hospital, I will request more information from my provider.

- Personal Request: 

- If I have a girl:
  - [ ] I am undecided and would like more information about the support and resources available to me

- Personal Request: 
Other personal requests to make this birth experience meaningful for you and your family:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please note:

- All birth plan preferences are dependent upon the health and well-being of you and your baby. Unique maternal or fetal conditions or issues may not allow for all of your preferences to be followed.

- In the event that an emergency procedure is necessary, your primary support person may not be able to be present for all or part of the birth. However, we will make every effort to keep new families together as much as possible, and as soon as possible.

- Videotaping and photography of your labor and your new baby are encouraged. However, we ask that you not take pictures or video during the birth, and also ask that you get the staff’s permission before including them in your media memories.

Your Name: ___________________________________________  Due Date: ______________________________
Your Doctor/Group: ______________________________________________________________________________
Your Baby’s Doctor/Group: __________________________________________________________________________