



Birth Plan: Checklist Style

Fill out this page according to your own wishes for your birth. Keep in mind that you might not be able to follow every wish on this page depending on hospital policy or if complications arise during your labor. Share your plan with your support team, practitioner, and labor nurse.

My Name: _____ **Due Date:** _____

Labor Companions: _____

Healthcare Provider: _____

Labor

- ☐ Dim Lighting ☐ Quiet
- ☐ Play Music ☐ Wear my own clothing
- ☐ Bring things in from home like blankets or photos
- ☐ Aromatherapy scents
- ☐ Video/photos taken by _____

Mobility

- ☐ I prefer to maintain all mobility, including walking and changing positions.
- ☐ I prefer to be able to move around in bed only and get up to use the bathroom.
- ☐ Mobility is not important to me, and I understand that if I get an epidural I may be confined to bed and need a urinary catheter to go to the bathroom.

Hydration and Nourishment

- ☐ I would like to eat light snacks and drink clear fluids whenever possible during labor.
- ☐ It would not bother me to have an IV for hydration if necessary.
- ☐ I prefer a saline lock if the placement of an IV is required by my hospital, but no fluids or medication are needed during my labor.

Monitoring

- ☐ I prefer my baby to be monitored as minimally as possible.
- ☐ I would like as much monitoring as possible.
- ☐ I prefer a method that allows me to remain mobile.
- ☐ Fetal monitoring in bed is fine with me.

Pain Relief

Nonmedical Options

- ☐ Relaxation ☐ Changing positions/walking
- ☐ Visualization ☐ Massage ☐ Fitness ball
- ☐ Breathing ☐ Tub/shower ☐ Hot and cold packs

Medical Options

- ☐ Analgesic ☐ Epidural anesthesia
- ☐ I prefer that pain medication only be offered to me at my request.

Augmentation

Methods to Speed Up Labor

If my labor slows down, I would...

- ☐ First like to try nonmedical methods like walking and using upright labor positions.
- ☐ Prefer that my practitioner breaks my bag of waters.
- ☐ Prefer that my bag of waters breaks on its own.
- ☐ Not mind having an IV of Pitocin and understand the benefits and risks involved.
- ☐ Prefer to receive an IV of Pitocin only after all other methods are tried, and only if medically necessary.



Birth Plan: Checklist Style CONTINUED

Pushing

- ☐ I prefer to wait to push until I feel the urge or until my baby descends.
- ☐ I would like to use a variety of positions during pushing.
- ☐ I would like a mirror placed at the foot of the bed so I can watch my baby's birth.
- ☐ I would like to push whenever I feel like it.
- ☐ I would like to be directed as to when to push.
- ☐ I prefer any natural tearing over an episiotomy.
- ☐ I would not mind having an episiotomy.
- ☐ I would like to avoid forceps and/or vacuum extraction unless absolutely necessary.
- ☐ I would like to touch my baby's head as it crowns.
- ☐ I would like my healthcare provider to hand me the baby immediately if there aren't any complications.

Birth and Baby Care

- ☐ I would like to hold my baby skin to skin immediately after birth and breastfeed as soon as possible.
- ☐ I would like _____ to cut the umbilical the cord.
- ☐ I prefer to have the cord cut immediately.
- ☐ I would like to wait to have the cord cut until the baby receives all the blood from the placenta.
- ☐ I would like to donate the umbilical cord blood.
- ☐ I would prefer that routine hospital procedures be done while I hold my baby if possible.
- ☐ I would like all routine tests, shots, and procedures for my newborn.
- ☐ I prefer to choose the tests that are done and discuss it with my baby's pediatrician ahead of time.

- ☐ I am breastfeeding exclusively and don't want my baby to be given pacifiers, bottles, or formula.
- ☐ I plan to formula feed only.
- ☐ I prefer a combination of breastfeeding and formula feeding.
- ☐ I want to room in with my baby.
- ☐ If I have a boy, I prefer to have him circumcised.
- ☐ I do not want my baby boy to be circumcised.
- ☐ I would like my baby's hearing to be tested.

In Case of a Cesarean

- ☐ I would like _____ to accompany me during surgery.
- ☐ If possible, I would like two people to accompany me.
- ☐ If anesthesia is a choice for me, I would prefer an epidural.
- ☐ If anesthesia is a choice for me, I would prefer a spinal.
- ☐ If possible, I would like music played in the operating room.
- ☐ I would like the drape/screen lowered during surgery so I can see the birth.
- ☐ I would like the surgeon to describe the surgery as he or she goes along.
- ☐ I would like to have video or photos taken.
- ☐ I would like my support person to cut the cord.
- ☐ I would like to have at least one arm released so I can hold my baby right away.
- ☐ I would like to breastfeed as soon as possible in the recovery room.