



























Baby Girl / boy (Last Name)

BIRTH PLAN

We understand that birth is unpredictable and that emergencies arise. These are our preferences for a natural birth. If and when complications arise, we request the least invasive procedure possible and informed consent before any interventions. We strongly desire to have a vaginal birth. If a CS is medically necessary, we request that the items below are still honored as possible and a gentle Cesarean take place. Thank you for taking the time to read over our plan.

1 st Stage	2 nd Stage	3 rd Stage	Baby Care (I&D)		
 <ul style="list-style-type: none"> <input type="checkbox"/> Lights dim, room calm and quiet, soft music <input type="checkbox"/> Essential oils, option of own clothing 	 <ul style="list-style-type: none"> <input type="checkbox"/> Reminder to empty bladder before pushing 	 <ul style="list-style-type: none"> <input type="checkbox"/> Immediate skin-to-skin & breastfeeding ASAP <input type="checkbox"/> Need help with good latch 	 <ul style="list-style-type: none"> <input type="checkbox"/> Exams, prints, etc. on mom's chest <input type="checkbox"/> Weight taken after first hour, minimal wipe down 		
 <ul style="list-style-type: none"> <input type="checkbox"/> Intermittent monitoring <input type="checkbox"/> Free movement, use of ball, etc. 	 <ul style="list-style-type: none"> <input type="checkbox"/> Direct my when to push <input type="checkbox"/> Allow different positions 	 <ul style="list-style-type: none"> <input type="checkbox"/> Delayed cord cutting; wait until pulsing stops <input type="checkbox"/> Daddy to cut cord 	 <ul style="list-style-type: none"> <input type="checkbox"/> Vitamin K OK 		
 <ul style="list-style-type: none"> <input type="checkbox"/> May labor in tub and / or shower 	 <ul style="list-style-type: none"> <input type="checkbox"/> No episiotomy; prefer natural tearing 	 <ul style="list-style-type: none"> <input type="checkbox"/> No controlled cord traction <input type="checkbox"/> Physiologic birth of placenta, please 	 <ul style="list-style-type: none"> <input type="checkbox"/> No eye ointment 		
 <ul style="list-style-type: none"> <input type="checkbox"/> Use of food & water over IV 	 <ul style="list-style-type: none"> <input type="checkbox"/> Warm compress and / or perineal support when pushing, please 	 <ul style="list-style-type: none"> <input type="checkbox"/> Pitocin <u>only</u> if medically necessary 	 <ul style="list-style-type: none"> <input type="checkbox"/> No Hep B 		
 <ul style="list-style-type: none"> <input type="checkbox"/> Limited cervical checks 	 <ul style="list-style-type: none"> <input type="checkbox"/> Reminder to slow down when crowning <input type="checkbox"/> Avoid forceps / vacuum 	 <ul style="list-style-type: none"> <input type="checkbox"/> No visitors 	 <ul style="list-style-type: none"> <input type="checkbox"/> No bath; wait for vernix to absorb <input type="checkbox"/> Parent(s) to bathe or assist with bathing 		
 <ul style="list-style-type: none"> <input type="checkbox"/> Natural water rupture, please  <ul style="list-style-type: none"> <input type="checkbox"/> No drugs unless requested; possibly nitrous or epidural <input type="checkbox"/> No Pitocin unless necessary 	<p data-bbox="579 1260 804 1390"><i>Postpartum Baby Care</i></p>  <p data-bbox="835 1349 1094 1446">Admissions, exams, etc. done in room with parent(s)</p>		 <p data-bbox="1182 1349 1329 1446">No formula; breastfeeding exclusively</p>	 <p data-bbox="1465 1382 1633 1414">No sugar water</p>  <p data-bbox="1770 1382 1906 1414">No pacifiers</p>	

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