

Before Labor

Yes No I would like to stay at home as long as possible

Yes No I will come early (contractions 10 minutes apart)

Yes No If an ambulance is necessary, you can strap me on my back

Other

What is your policy / suggestions/ recommendations?

When do you expect me to come? Why?

Explain:

Labor Room

Yes No I would like to wear my own clothes

Yes No I would like to walk, and move around during labor

Yes No I would like to drink fluids, ice chips, light snacks, etc.

Yes No I would like the room to be kept quiet at all times

Yes No I would like the room lights to be dimmed during labor

Yes No I would like to wear contact lenses /glasses if conscious

Yes No I would like to come and get settled in right away

Agr. Dis. I do not mind student doctors to be present during labor

Yes No I would like to have ONLY the minimum people absolutely necessary in the birthing room at all times

Other

What is your policy / suggestions/ recommendations?

Do you allow complete or limited freedom? Why?

Explain:

Relaxation Methods

I would like to give birth naturally without medication and use the following methods and alternative therapies:

Yes No Massages

Yes No Bath tub /Whirlpool /Shower (*cross what is not available*)

Yes No Bradley Method

Yes No The Alexander Technique

Yes No Lamaze

Yes No Acupuncture / acupressure (*cross what is not allowed*)

Yes No Aromatherapy (even in the bath tub)

Yes No Birthing Ball

Yes No Hypnotherapy

Yes No Please, direct me / my partner on these techniques

Yes No Please, let me know which therapies you will be using

Other

What is your policy / suggestions/ recommendations?

Do you allow acupuncturists, aromatherapists into the room?

Explain:

Birthing equipment:

I would appreciate to have the following equipment made available:

Yes No Birthing bed

Yes No Birthing stool

Yes No Birthing chair

Yes No Beanbag chair

Yes No Squatting bar

Yes	No	Birthing ball
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Yes	No	Pillows and blankets to use on the floor
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Other

What is your policy / suggestions/ recommendations?

Do you have anything else available? What do I need to bring along?

Explain:

Monitoring

Yes	No	Continuous fetal monitoring is OK
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Yes	No	Internal monitor is OK
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Yes	No	External electronic monitoring is OK
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Yes	No	I would prefer the Fetoscope
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Yes	No	I would not mind the Doppler
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Other

What is your policy / suggestions/ recommendations?

Explain:

Pain reliever:

Yes	No	I would like to have pain reliever medication
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Yes	No	I would like to have an epidural
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Yes	No	I would like to have a low dose epidural
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Yes	No	I would like to have Stadol
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Yes	No	I would like to have Nubain
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Yes	No	I would like to have Demerol
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Yes	No	I would like Entonox and Pethidine (<i>aka Demerol</i>) to be available during the birth, but I would prefer Pethidine.
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Agr.	Dis.	Please do not offer pain relieving drugs unless I ask for them.
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Agr.	Dis.	I would like to keep an open mind about my pain relief options; please suggest anything appropriate.
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Yes	No	I hope to manage using no drugs for pain relief, and would appreciate your encouragement to use other methods.
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Yes	No	Please do not bring Pethidine or other opiates I do not wish such drugs to be used under any circumstances.
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Other

What is your policy / suggestions/ recommendations?

What is your experience concerning the usage of drugs during labor?

Explain:

First Stages of Labor

Agr.	Dis.	I would prefer to avoid an enema and/or shaving of pubic hair. (<i>I understand this is no longer standard procedures</i>)
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Yes	No	An IV is OK if I become dehydrated
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Yes	No	I would like to be free to walk around and to use the shower
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Yes	No	I plan on bringing my own music to play during labor
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Yes	No	to wear contact lenses or glasses at all times when conscious
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Yes	No	I'd like to regulate the pool temperature myself (<i>I understand that I need a cooler temperature for the first stage of labor, and warmer - blood temperature - for the second stage</i>)
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Yes	No	I plan to use the pool for 1 st stage and give birth on dry land.
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Yes	No	I'd like to decide on the day when to use the pool or not
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Yes	No	I plan to have a water birth and I'd appreciate your support
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Agr.	Dis.	I will not be lying on my back while birthing (<i>I have read that contractions are harder to handle leaning backwards, and it inhibits movement in the coccyx and sacrum, which allows the baby more room to descend through the pelvis</i>)
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Yes	No	I would prefer to minimize the number of vaginal exams
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Yes	No	I would prefer NO vaginal examinations, if possible
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Agr.	Dis.	I am happy to have one internal examination to check presentation, but I would like to avoid them otherwise. <i>(I understand examinations are used to check the baby's position, and how dilated the cervix is. I believe it may be uncomfortable & can interrupt the flow of the labor)</i>
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Yes	No	If the baby appears to be poorly positioned or labor is not progressing well, please suggest changes or moves.
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Yes	No	I would like to use aromatherapy / herbal remedies / homeopathy during the labor. <i>(I believe it may help my midwife if I let her know what I will be using beforehand)</i>
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Other

What is your policy / suggestions/ recommendations?

Please, share & compare the list of herbs and therapies we will be using.

Explain:

Labor Augmentation / Induction

Agr.	Dis.	I do not care to have the amniotic membrane ruptured
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Yes	No	If inducing or augmenting labor becomes necessary, I would like to try Pitocin (oxytocin, syntocinon)
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Yes	No	I'd like to try natural methods before pitocin is used:
Yes	No	a. Nipple stimulation
Yes	No	b. Stripping or breaking membranes
Yes	No	c. Acupuncture
Yes	No	d. Castor oil
Yes	No	e. Herbs (blue and black cohosh)
Yes	No	f. Breast stimulation/thumb sucking
Yes	No	g. Walking
Yes	No	h. Sexual intercourse

Agr.	Dis.	Please do not offer to break my waters, and please be very careful to avoid doing so during any internal examinations. <i>(I have read that breaking the waters can speed up labor a</i>
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		<i>little for some, but it can cause a sudden increase in the intensity & pain of labor, and make it harder for the baby, as it loses the protective 'cushion' of water around its head)</i>
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Other

What is your policy / suggestions/ recommendations?

Explain:

Third Stage - Pushing Stage / delivery

Yes	No	I would like to have an episiotomy
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Yes	No	I would like to have perineal massage
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Yes	No	I would like to have local anesthetic
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Yes	No	I'd like someone support my legs during the pushing stage
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Yes	No	If in the pool, I would like to get out of the water <i>now (staying in the water, there is a risk of an overtransfusion of blood to the baby bec. the cord is kept in warm water, which could cause jaundice. It may be harder to deliver the placenta underwater, as 3rd st. contractions may become less effective. There is a risk of water embolism if water were to enter your bloodstream through the placental site)</i>
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Yes	No	I do not wish to have an internal examination to confirm whether or not I am 'ready' to push. I shall only push when I feel the urge. If my caretaker thinks it is a premature pushing, I would like to discuss it with her/him
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Yes	No	I do not want to be on my back or semi-reclining unless that position seems right for me on the day, after alternatives have been tried
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Yes	No	Plz., examine me to let me know when I am ready to push
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Yes	No	I would prefer not to be told how to push, unless there is a particular reason or unless I ask for assistance.
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Yes	No	I would like to see or feel baby's head as it crowns
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Yes	No	If I cannot maintain an upright position, plz., encourage me to lie on my side (not back), for max. pelvis mobility
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Yes	No	I would like to try the following positions for delivery:
Yes	No	a. Hands-and-knees
Yes	No	b. Squatting position, using coach or a squatting bar
Yes	No	c. Classic/semi-recline position
Yes	No	d. Side-lying position
Yes	No	e. Standing upright
Yes	No	f. And whatever feels right at the time

Yes	No	I would like to 'catch' my own baby without any help
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Yes	No	My partner would like to 'catch' baby & would prefer the midwife to observe and not to intervene unless necessary
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Yes	No	Coach would like to 'catch' the baby but needs help
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Yes	No	I would appreciate guidance in order to avoid perineal damage. I'd rather tear naturally than have an episiotomy
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Yes	No	Plz. Administer an episiotomy only if the baby needs to be born quickly. Do not offer it to 'speed things up'
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Yes	No	I would like to be able to vocalize during labor and birth without criticisms or comments
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Other

What is your policy / suggestions/ recommendations?

Explain:

Cesarean

Yes	No	I'd like to avoid a Cesarean, unless absolutely necessary
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Yes	No	If my primary care provider determines that a Cesarean delivery is indicated, I would like to obtain a second opinion from another physician if time allows
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Yes	No	If a Cesarean delivery is indicated, I would like to be fully informed and to participate in the decision-making process
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Yes	No	I would like my partner's to be present at all times
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Yes	No	I would prefer an epidural for anesthesia
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Yes	No	Please, do not strap me down during surgery
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Yes	No	Please, lower the screen, so I can watch the birth
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Yes	No	I'd like baby to be given to coach/ I immediately after birth
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Other

What is your policy / suggestions/ recommendations?

Explain:

Immediately After Delivery

Yes	No	My partner would like to cut the umbilical cord
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Yes	No	I would like to cut the cord myself
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Yes	No	I would like my baby put on my stomach right after birth
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Yes	No	I would like to wait until the umbilical cord stops pulsating before it is clamped and cut
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Yes	No	Please do not suction mucus from the baby's nose and mouth 'just in case' - only suction if necessary
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Yes	No	My partner would like to suction the baby
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Yes	No	I would like to hold the baby while I deliver the placenta
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Yes	No	Keep the cord intact (no cutting) as well as the placenta and wrap them along the body of the baby to bring home <i>(I understand they will dry and fall off on their own).</i>
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Yes	No	I would like to hold the baby for at least 15 minutes before it is photographed, examined, etc.
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Yes	No	I'd like the baby to be taken care of, then given back to me
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Yes	No	Baby should be evaluated/bathed in my/coach's presence.
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Yes	No	Baby should be in my/my partner's arms when examined
Yes	No	I would like to postpone newborn procedures a few hours
Yes	No	I should hold the baby rather than placed under heat lamps.
Yes	No	I would like to bath my baby myself
Yes	No	Plz., give me privacy to urinate before being catheterized.
Yes	No	Please do not announce the baby's sex as I would like to find out for myself or my partner to find out for us
Other		

What is your policy / suggestions/ recommendations?

Explain:

If there are problems after the birth

Agr.	Dis	If I suffer a severe post-partum haemorrhage, please do not perform a hysterectomy. I still hope to have more children
Yes	No	I want to avoid having stitches, so if you think any tear will heal of its own accord, without stitches, please tell me
Other		

What is your policy / suggestions/ recommendations?

Explain:

Delivery of the Placenta

Yes	No	medication to aid the delivery of the placenta
Yes	No	I would like to deliver the placenta naturally
Yes	No	I would like to keep the placenta
Yes	No	I would like to inspect the placenta after delivery
Yes	No	Please do not pull on the cord or use fundal pressure unless there is a specific indication to do so

		<i>(I have read that this is contra-indicated in drug-free third stages).</i>
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Yes	No	I do not want a routine injection of pitocin after the delivery to aid in expelling the placenta
Yes	No	My partner would like to deliver the placenta
Yes	No	I would like to donate the umbilical cord and placenta
Yes	No	I have made arrangements to bank the umbilical cord blood
Other		

What is your policy / suggestions/ recommendations?

Explain:

Postpartum

Yes	No	I would like a private room, if available
Yes	No	Unless required for health reasons, I do not wish to be separated from my baby and siblings
Yes	No	I prefer to have the baby "room in" with me at all times
Yes	No	I prefer baby "room in" after I've had some time to recover
Yes	No	I'll keep baby with me during the day but in nursery at night
Yes	No	I would prefer the baby to be kept in the nursery and to be brought to me only for breastfeeding or upon request
Yes	No	I would appreciate it if all staff would discuss all procedures with my partner and/or myself before they are performed
Yes	No	permission to see my chart and the baby's chart
Other		

What is your policy / suggestions/ recommendations?

Explain:

Vitamin K & Eye Care & Immunization

Yes No I agree vitamin K to be administered to my baby

Yes No I'd prefer vitamin K to be given orally instead of a shot

Yes No I decline any eye care for my baby

Yes No Plz. delay eye care until after I have bonded with the baby

Yes No Plz., use erythromycin eye treatment to silver nitrate

Yes No I choose to give baby colostrum from my breasts for drops

Yes No I'd like baby to be given my own personal ointment

Agr. Dis. I do not want my baby to receive any immunization

What is your policy / suggestions/ recommendations?

Sick Infant

Yes No I would like breast feeding, as possible

Yes No I would appreciate unlimited visitation for parents

Yes No I would like handling the baby (holding, care of, etc.)

Yes No Please, move me with baby if transported to another facility

Yes No Plz. do not admit my baby to Special Care simply for observation, but only if there are reasons for concern

What is your policy / suggestions/ recommendations?

Baby's Feeding

Yes No I would like to begin nursing right after birth

Yes No Do not give bottles to my baby, except glucose water

Yes No Do not give baby any pacifier

Yes No Please do not give my baby supplements of glucose water or formula milk without my permission

Yes No If I have trouble breastfeeding, I'd like to get the help of a midwife who is fully supportive of breastfeeding, and be given contact details for local breastfeeding counselors,

Yes No My baby should not be bottled in any circumstances (*This could lead to nipple confusion and hinder breastfeeding*). If supplements are necessary, please give them by spoon

What is your policy / suggestions/ recommendations?

Circumcision

Yes No I would like my baby to be circumcised

Yes No I'd prefer the circumcision to be performed in the hospital

Yes No Plz., circumcise the baby before we check out of the hospital

Yes No We plan to circumcise baby seven days after birth

Yes No We'd like it to be done by a Muslim Doctor, if available

Yes No Our presence is absolutely necessary

What is your policy / suggestions/ recommendations?

Miscellaneous

I would like:

Yes No to have photographs taken during labor and birth

Yes No someone videotape the labor and/or the birth.

Yes No my other children to be able to visit us in the hospital

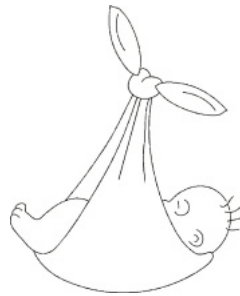
Yes No to go home as soon after the birth as I am able to move

Yes No to stay overnight with my partner if necessary

Other

What is your policy / suggestions/ recommendations?

Explain:



Notes:

We, parents, understand that birth can be unpredictable. We are presenting this birth plan to encourage dialogue and to help us achieve a safe and satisfying birth. Our baby's health and well being is of utmost importance to us. We look forward to working with you, and appreciate your cooperation in helping our family to achieve our personal birthing goals.

We also understand that we may change our mind when labor time comes due to circumstances and rethinking. Please, be open to our questions and last minute decisions. Please feel free to suggest solutions / problems / considerations we have not thought about.

Parents signatures: date: ____ / ____ / ____

_____ & _____

Caretakers signatures: date: ____ / ____ / ____

I have read this birth plan and agree to respect it as much of my ability. If I am not able to respect one of the parents' will, I agree to talk to them about it and discuss it thoroughly:

_____ & _____

