## BIRTH PLAN (PREFERENCES)

Name:

OB Provider:
Group B Strep (neg/pos): $\qquad$
Labor
Wear my own clothes
Clear liquids in labor
Eat and drink as approved by my provider
Saline lock
IV fluids if necessary
Intermittent monitoring
Natural pain management: hydrotherapy, mobility, use of birthing ball, warm/cold compress, aromatherapy
Pain medications only if I ask
Defer to my nurse/doctor/midwife on what
they think I need for pain management Epidural when desired
Prefer natural ways to augment labor first before using Pitocin
Pitocin is ok whenever my provider thinks it's necessary
Dim lights and music
Cervical checks minimal

Partner: $\qquad$

Allergies: $\qquad$

Delivery
Deliver in alternative positions
Coached on pushing by nurses/provider
Pushing only when I feel the urge
A mirror to watch the birth
Delayed cord clamping
Dad to cut the cord
Immediate skin to skin
My support person to do skin to skin if I am
unable
To tear naturally over episiotomy
Offer pain meds for repair
I am doing cord blood banking
Cesarean Section
Clear drape
Skin to skin in the OR
No sedating medications unless medically indicated
My partner and baby to remain in the OR with me
Breastfeed as soon as possible

Other Preferences


