## **BIRTH PLAN (PREFERENCES)**

Name: Partner:	
OB Provider:	Allergies:
Group B Strep (neg/pos):	
Labor	Delivery
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	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
Dim lights and music Cervical checks minimal	No sedating medications unless medically indicated  My partner and baby to remain in the OR with me  Breastfeed as soon as possible
Newborn Care  Delay routine procedures until after	Other Preferences
breastfeeding  Delayed bath (HH does 8-hour delay routinely) Yes to Circumcision No circumcision YES to hepatitis B vaccine NO to hepatitis B vaccine Breastfeeding Formula feeding Rooming in with baby (encouraged by HH) My support person remains with baby if taken to NICU (encouraged by HH)	