My Birth Plan

(For a normal, full-term delivery)

Name: _____

My plan is to:

- ☐ Have my labor start and stop without drugs, unless medically required
- ☐ Have my chosen support people stay with me
- ☐ Drink clear liquids and eat light foods during early labor
- ☐ Move, change positions, take a shower, have a massage and walk, as much as possible during labor
- ☐ Have a Heparin Lock versus a continuous drip IV for quick access in case of an emergency
- ☐ Hold my baby skin to skin immediately after birth
- ☐ Have my baby's tests performed while in contact with me so my baby is not taken from me until after he/she has breastfed
- ☐ Have 24 hour rooming in
- ☐ Receive help and education to breastfeed successfully
- ☐ Have my baby brought to me if for some reason he/she is not in my room and is giving hunger cues, such as sucking hands or making sucking sounds, moving the head towards a person or, in very sleepy babies, eye movements under the eyelids before he/she is crying
- ☐ Get an appointment for a health checkup for my baby upon discharge and be given the names of helpers, in case I need help with breastfeeding
- ☐ Be given instruction on the use of an electric breast pump if my baby is unable to breastfeed or is separated from me due to a medical condition within 6 hours after delivery

I do not want:

- ☐ My bag of waters broken, or to have an episiotomy or other surgery done unless medically necessary
- ☐ My baby given a pacifier, bottles, water or formula without my consent and the medical order of his/her doctor

_____ _____

Signature of the patient *Date signed*

Copies for MD, hospital, clinic and patient

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