



Your Birth Plan

This is your plan as the mom-to-be and, while it serves as a guide for your healthcare team, it can be changed at any time.

Birth preference for the _____ family

Mother's name: _____ Partner's name: _____

Preferences during labor and delivery:

During labor, I prefer the birthing room to have

- _____ Dim lights
- _____ Peace and quiet
- _____ Music of my choice

I prefer

- _____ To move around
- _____ To use a birthing ball and/or rocking chair
- _____ Moving around is not important to me

I prefer

- _____ Intermittent fetal monitoring (we must obtain and document fetal heart tones every 15-30 minutes in labor and every 5-15 minutes during pushing)
- _____ Ongoing fetal monitoring using telemetry so I can walk around

For pain relief, I prefer

- _____ Non-medicinal options (massage, walking, changing positions, shower, relaxation techniques)
- _____ IV pain medications (brand names such as Stadol, Nubain, etc.) Note: Only available during early stages of labor.
- _____ Epidural upon request

During delivery, I prefer

- _____ Spontaneous pushing
- _____ Directed pushing (pushing at certain times as directed by labor coach/nurse)
- _____ To use people for leg support (Care Partner, etc.)
- _____ To use foot pedals
- _____ To use stirrups
- _____ To labor in a birthing tub (note: delivery in tubs is not offered except to patients of Greenville Midwifery Care)

During delivery, I prefer to have the following people present:

1. _____
2. _____
3. _____

Preferences for Baby's Care:

After delivery, I prefer

- _____ Immediate cutting of the umbilical cord
- _____ Delayed cutting of the umbilical cord (after it stops pulsating)
- _____ My partner (or other family member) to cut the umbilical cord
- _____ My baby to receive vitamin K
- _____ My baby to receive erythromycin
- _____ To breastfeed my baby right away

If my baby is a boy, I prefer

- _____ No circumcision
- _____ Circumcision

Notes:
