Team [NAME] Birth Plan

Mother-to-be: [Name] Partner: [Name] Due Date: 11/07/2013

Practitioner: [Dr. or Midwife] Place of Birth: [Hospital/Center Name]

This birth plan is intended to express our preference and desires for the birth of our baby. It is not intended to be a script. We realize that situations may arise such that our plan cannot and should not be followed. However, we hope that barring any extenuating circumstances, you will be able to keep us informed and aware of our options. Thank you.

First Stage (Labor):

- * Dim Lights, Peace and Quiet, Music of our choice.
- * Would prefer not to have students, residents etc.
- * Would prefer to keep vaginal exams to a minimum.
- * Maintain mobility (Walking, rocking, up to bathroom, etc.)
- * Eat and drink to comfort.
- * Intermittent Monitoring (ACOG Standards) with an external monitor.
- * Please do not offer me pain medications, I will ask for them if I want them.
- * Relaxation techniques (breathing, focusing, etc.).
- * Positioning as desired.
- * Water (Shower or Tub).
- * Heat or Cold packs.
- * Massage (back, foot, counter pressure, etc.), Acupressure

Induction:

* I would prefer to use natural methods to start labor.

Augmentation:

* I would prefer to walk to speed labor.

Second Stage (Birth):

- * Choice of position
- * Prolonged length, if progress is being made
- * Spontaneous Bearing Down
- * I would prefer no episiotomy, but please use compresses, massage and positioning.

Baby Care:

- * Delay the cord cutting
- * Prefer partner to cut the cord.
- * No eye medication
- * Breast feeding only
- * No pacifiers or glucose water
- * No separation of Mother & Baby

Cesarean Birth:

- * Partner present, Partner to cut the cord
- * Free one hand to touch the baby
- * Breast feeding in recovery room

Sick Baby:

- * Breast feeding as soon as possible
- * Unlimited visitation for parents
- * Handling the baby (Kangaroo care, holding, care of, etc.)
- * If the baby is transported to another facility, move us as soon as possible