



Sample Birth Plan

The nurse midwives, Chris Butler, Wendy Allen, Erin Irwin, Leta Vaughan and Dr. Smith and the nurses at Northwest Community Hospital would like you to have the best birthing experience possible. A birth plan is a good way to communicate to your nurse midwife/ physician and the nursing staff your fears, wishes and plans for your labor and birth.

Preparing a birth plan will encourage you to think about what kind of birth you would like to have and what is important to you. Childbirth classes will help you make choices. A birth plan is an expression of your wishes for the birth of your baby; you may change your mind at any time, just as the circumstances of your labor may unexpectedly cause you to make additional decisions in cooperation with your midwife, physician and nurse.

Please answer the questions that you feel are appropriate for you:

BIRTH GOALS

Your full name: _____

The name of your partner/ support person: _____

Your due date: _____ Physician/ Midwife: _____

Our greatest hope for this birth: _____

Our greatest fear: _____

Our choices for this labor and birth are: _____

Before Labor:

___ If the baby and I are fine, and go past my estimated due date, I would like to go into labor naturally, understanding that I will not be allowed to go beyond 42 weeks.

___ If my water breaks and I am not having strong, regular contractions, I would like to wait 12-18 hours to see if contractions begin on their own.

During Labor:

Labor Support and Comfort measures:

- ___ Be encouraged to walk around during labor.
- ___ Massage to neck, upper shoulders lower back.
- ___ Quiet environment with low lighting.
- ___ My own music, nature sounds or relaxation tapes
- ___ Relaxation techniques. Imagery and Breathing techniques.
- ___ Warm shower. Heating pad, Rice sock.
- ___ Use different positions: labor ball, squatting, rocking chair
- ___ Drink clear liquids during labor or have ice chips.



Pain Relief:

- I would like to consider sterile water papules for relief on back labor.
- I realize that there are many medications for pain relief, please do not continually offer me medication after informing me of my choices. I will request this if I feel it is needed.
- Before an epidural is used; I would consider trying pain medicine as prescribed by my doctor/ midwife.
- I plan to have an epidural.

Interventions during Labor:

- No IV unless it is medically necessary. I do understand that a saline lock ("capped IV") will be offered when blood work is drawn. (An IV is necessary if you are receiving medication or preparing for an epidural.)
- Telemetry monitoring of the baby if possible. (This is continuous monitoring while you are up walking or sitting in a chair.)
- Intermittent fetal monitoring, if the condition of the baby allows.
- Continuous electronic fetal monitoring.

Pushing:

- I would prefer to choose the position in which 1 push.
- Support person to support my legs.
- As long as there are no problems with the baby or the labor, I would like to be free of time limits on pushing.
- See the baby's head (in a mirror) as it crowns.
- Touch the baby's head as it crowns.
- I would appreciate the room being dimly lit for the birth.

Birth:

- Environment quiet as the baby delivers, so he/she hears our voices first.
- I prefer to tear naturally at weakest muscle point as opposed to an episiotomy.
- Local anesthesia for an episiotomy if I do not have epidural anesthesia.
- My partner / support person to cut the umbilical cord.
- Cut the cord myself.
- Prefer the midwife / doctor to cut the umbilical cord.
- Place the baby on my chest immediately after it is born, unless immediate medical treatment is necessary.
- Baby cleaned off and wrapped first before it is held by me.
- See the placenta after it is delivered.
- Delay eye medication for the baby until we have had face-to-face bonding.
(This may be delayed up to 60 minutes after birth per hospital policy.)
- Baby's footprints put in the baby book that we are bringing to the hospital.
(NWCH provides a complimentary set of footprints for each baby on a special card.)



Our choices in the event a Cesarean Birth becomes necessary:

- My partner/ support person present with me during the birth, (unless general anesthesia is used.)
- Partner/ support person can hold the baby in the delivery room.
- Hold my baby as soon as I am able in the recovery room.
- Pictures in the operating room.

Our choices for After the Birth of our Baby:

- I am planning on breastfeeding the baby and would like to begin nursing as soon after birth as possible.
- I am planning on bottle feeding the baby.
- Please do not give the baby any bottles unless medically necessary.
- Please do not give the baby a pacifier.
- The baby may have a pacifier.
- I would prefer to wear my own clothes.

- Keep baby with me at all times in my room.
- I would like the baby with me during the day and brought from the nursery at night for 'on-demand' feedings.
- I would like the baby with me during the day, but in the nursery at night.
- If it is a boy, please do **not** circumcise at the hospital.
- If it is a boy, we would like him circumcised at the hospital by my physician. (A separate consent form is necessary for this procedure.)

Other Choices: _____

Special Notes: _____

Our hope is that your birth is a relaxing, enjoyable and memorable experience.

Dr. James J. Smith, Wendy Allen, Chris Butler, Erin Irwin and the nurses at Northwest Community Hospital.