

# Family Birth Suites

## *My Birth Plan Checklist*



Use your birth plan to have discussions with your physician and plan for your big day. A birth plan is a written document that outlines your preferences for your upcoming labor and delivery. You can share it with your health care team so everyone directly involved with the birth has the same information. It will also give your team the opportunity to work with you on any concerns before labor starts.

### Your Basic Information:

Your Full Name: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

Coach/Main Support: \_\_\_\_\_

Expected Due Date: \_\_\_\_\_

Others to be present at your birth event: \_\_\_\_\_

### Relaxation and Comfort During Labor:

- |  |   |
|--|---|
| <input type="checkbox"/> Low Lighting        | <input type="checkbox"/> Intermittent or Wireless Fetal Monitor |
| <input type="checkbox"/> Quiet/Soft Music    | <input type="checkbox"/> Massage Shower                         |
| <input type="checkbox"/> Play my own music   | <input type="checkbox"/> Use of Birthing Ball                   |
| <input type="checkbox"/> Wear my own clothes | <input type="checkbox"/> Walking                                |

### Labor and Delivery:

- |  |   |
|--|---|
| <input type="checkbox"/> I would like my partner present.  | <input type="checkbox"/> I would like my Doula present.   |
| <input type="checkbox"/> Squatting (with or without bar)   | <input type="checkbox"/> I prefer to ask for pain medication when I am ready.   |
| <input type="checkbox"/> Perineal Massage  | <input type="checkbox"/> I am willing to try other medications before an epidural.                                      |
| <input type="checkbox"/> I prefer no pain medication.  | <input type="checkbox"/> I would like to be involved in the decision to break my water.                                 |
| <input type="checkbox"/> I would like to have an epidural.   | <input type="checkbox"/> If a Cesarean birth is needed, I would like my support person to accompany me to the OR suite. |
| <input type="checkbox"/> I would like to be offered epidural or other pain medication as soon as possible. |   |

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### After Delivery:

- |   |   |
|---|---|
| <input type="checkbox"/> Delay cutting/clamping umbilical cord.                                   | <input type="checkbox"/> I would like my baby placed skin-to-skin after being dried off.    |
| <input type="checkbox"/> I would like my partner to cut the umbilical cord.                       | <input type="checkbox"/> I would like my baby placed skin to skin directly after birth.     |
| <input type="checkbox"/> I would like to keep my placenta.  | <input type="checkbox"/> My partner would like to hold the baby skin-to-skin.               |
| <input type="checkbox"/> I plan to breastfeed exclusively.  | <input type="checkbox"/> I plan to do cord blood banking.                                   |
| <input type="checkbox"/> I plan to breastfeed and formula feed.                                   | <input type="checkbox"/> I will watch initial newborn assessment.                           |
| <input type="checkbox"/> I plan to formula feed exclusively.                                      | <input type="checkbox"/> I would like an RN to bathe my baby and I will observe and assist. |
| <input type="checkbox"/> I would like to be the first to bathe my baby with the support of an RN. |   |

### Other preferences not listed:

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