



Birth Plan

Name: _____

Partner's Name: _____

Due Date: _____

Doctor's Name: _____

Doula: _____

Delivery planned for River Oaks Hospital

My delivery is planned as: ☐ Vaginal ☐ C-Section ☐ VBAC

☐ I am GBS positive ☐ I have gestational diabetes ☐ I have a clotting disorder Allergies: _____

I have given careful thought to my preferences during and after labor and have outlined them below.

I understand that these are guidelines only and that under certain circumstances, they may not be followed.

I hope that you will honor these wishes and allow me to experience the birth I hope for.

Signature: _____ Date: _____ Time: _____

Signature of Physician: _____ Date: _____ Time: _____

Preparation:

I have prepared for this birth with:

☐ Lamaze technique ☐ Bradley technique ☐ I am seeking my practitioner's assistance

☐ _____

During Labor:

During labor I would like:

☐ Music (I will provide) ☐ Relaxing atmosphere ☐ To walk and move freely ☐ As few interruptions as possible ☐ My partner to be present the entire time

☐ To limit hospital staff to just my own doctors and nurses (no students or interns please)

Other notes: _____

Fetal Monitoring:

☐ Continuous ☐ Walking Monitor ☐ Intermittently to allow for as much mobility as possible

IV:

☐ IV insertion is acceptable at any point ☐ Intermittent IV to use only if medically necessary

Labor Induction/Augmentation:

☐ I prefer to attempt all natural methods first, such as walking, nipple stimulation

If needed, I prefer: ☐ Membrane stripping ☐ Membrane rupture ☐ Pitocin

Other notes: _____

RIVER OAKS HOSPITAL



8412700

BIRTH PLAN
93289 (8/14)

Patient ID Label

Pain Relief:

I would like to use:

- ☐ Breathing ☐ Epidural ☐ Meditation ☐ Narcotics ☐ Sedatives
☐ Walking ☐ Nothing ☐ Warm compresses ☐ Accupressure per support person
☐ Positioning ☐ Relaxation techniques ☐ Please make suggestions for pain relief as needed

Other notes: _____

Delivery:

During delivery I would like to:

- ☐ Kneel/Squat ☐ Stand ☐ Use birthing bar ☐ Be on my hands and knees
☐ Lie on my side ☐ semi-recline ☐ Have help for leg support ☐ Do what feels right at the time

As the baby arrives I would like to:

- ☐ Touch the head as it crowns ☐ Use a mirror to see the baby ☐ Push as I feel the need
☐ Help catch the baby ☐ Let my partner catch the baby ☐ Avoid using forceps
☐ Avoid vacuum extraction ☐ Use methods recommended by my doctor at the time
☐ Avoid episiotomy unless doctor deems necessary ☐ I plan to bank cord blood and have provided my own kit

If cesarean, I would like: ☐ My partner present ☐ Screen lowered to see baby
☐ Immediate contact with baby

Other notes: _____

After Delivery:

Immediately after my baby arrives I would like:

- ☐ My partner to cut the umbilical cord ☐ Hold the baby ☐ Breastfeed
☐ Allow cord to stop pulsating before it is clamped ☐ Skin to skin contact

I would like my baby's medical exam:

- ☐ Given in my presence ☐ Given after we have bonded

Please give my baby Hepatitis B vaccine: ☐ Yes ☐ No

Please do NOT give my baby: ☐ Sugar water ☐ Formula ☐ A pacifier

Other notes: _____

If a boy, I plan to: ☐ Circumcise ☐ Not circumcise

Additional Information:

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