

Birth Plan Check List Beloved-Birthing.com

My Name:

Due Date:

Provider:

Partner's Name:

Doula/Other Member Name:

Augmentations

- Prefer to try nonmedical methods such as: walking & staying upright
- Provider break my waters
- Prefer my waters break spontaneously
- Use pitocin or other induction medication to begin labor
- Pitocin and other medications to be discussed and used after non medical methods have been tried

Mobility

- Freedom to move and change positions as I feel needed
- Ability to move in bed & use the bathroom
- Mobility is not important to me

Monitoring

- Little monitoring using a Doppler to check my baby
- intermittent fetal monitoring to check my baby and my
- Constant fetal monitoring
- Monitoring that allows me to stay mobile
- Staying in bed is okay with me

Medical Pain Relief

- Analgesic
- Epidural
- Pain medication only discussed at my request

Labor Setting

- Dim Lighting
- Music
- Aromatherapy
- Photos taken
- Quiet Setting
- Talk in low tones
- Wear my own clothes

Eating and Drinking

- Freedom to eat and drink as I feel needed
- Freedom to eat light snacks and drink clear fluids
- Prefer saline lock, but no fluids or medications during labor
- Prefer IV for hydration during labor

Nonmedical Pain relief

- Relaxation
- Visualization
- Massage
- Shower/Tub
- Walking/Movement
- Changing positions
- Breathing
- Hot/Cold packs

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Pushing

- Prefer to wait to push until I feel the urge
- Prefer like to push in a variety of positions
- I would like use of a mirror
- Prefer to push undirected
- Prefer directed pushing
- Prefer to tear naturally over episiotomy
- I would not mind having an episiotomy
- Prefer to avoid forceps and/or vacuum extraction
- I would like to touch my baby's head as it crowns
- I would like immediate skin to skin

In Case of a Cesarean

- _____ is accompanying me during surgery
- If possible, I would like 2 people to accompany me
- I would prefer an epidural
- I would prefer a spinal
- I would like music to be played in the room
- I would like the drape/screen lowered during surgery to see the birth
- I would like the surgeon to describe the surgery
- I would like to have video/pictures taken
- _____ Is to cut the cord
- I would like to have at least one arm released so to hold my baby in the operating room
- If possible, I would like to breastfeed or have skin to skin in the operating room
- I would like to breastfeed as soon as possible in the recovery room

Birth & Baby Care

- Immediate skin to skin
- Immediate breastfeeding
- All baby examines to be performed on my chest
- _____ is to cut the cord
- Cord is to be cut after done pulsating
- Cord is to be cut after the placenta is birthed
- Cord is to be cut immediately
- I would like to donate the umbilical cord blood
- I would like to bank the umbilical cord blood
- I prefer to choose what testing and procedures are to be done before anything is done
- I would like all routine testing, shots and procedures
- Routine testing, shots and procedures should be done with myself or partner present either in room or nursery
- Routine testing, shots and procedures may be done in the nursery without myself or partner present
- I am exclusively breastfeeding- please no pacifiers, bottles or formula
- I plan to exclusively formula feed
- I prefer a combination of breastfeeding and formula feeding.
- I would prefer to birth the placenta spontaneously
- I would prefer guidance to birth the placenta



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