

Birth Plan

Mother's name _____

Father's name _____

Primary caregiver (midwife / family physician / obstetrician) _____

Doula's name (if applicable) _____

Introduction

We would like to have the following people present during our labour and birth:

We would like to limit the number of staff caring for us to _____ people.

Older children

- We would like our older children to be present, if they choose to be, during
 - labour
 - birth
 - postpartum period

They will be cared for by: _____

Students and interns

- We are comfortable having students/interns present
 - with an attending present at all times
 - without an attending
- We would prefer not to have students/interns present

Our special needs and priorities during labour and birth:

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Labour Induction / Augmentation

- We do not wish to induce labour unless there are signs of fetal distress, even if we have passed our due date.
- We do not wish to have the membranes ruptured artificially.

- We would prefer to try alternative methods to start or stimulate labour before synthetic oxytocin is administered.

Fetal Monitoring

- We do not wish to have continuous fetal monitoring unless the condition of our baby warrants it.

Food, drink, and IV

- I would like to eat and drink according to my needs throughout the first stage of labour.
- Unless there is an immediate need for IV medication, I do not wish to have an IV line installed.
- I would like to have a heparin/saline lock installed in lieu of an IV.

- I would like vaginal exams to be kept to a strict minimum, and that they all be performed by the same person.

Analgesia / Pain Medication

- We would like a natural birth. I realise that many pain medications exist: I will ask for them if I feel they are necessary. Until such time, please suggest only non-pharmacologic comfort measures to help me through labour.
- I would like to try the following non-pharmacologic comfort measures:
 - Bath, Jacuzzi
 - Exercise ball, pelvic rocking
 - Change of positions, mobility, walking
 - Acupuncture
 - Massage, reflexology, acupressure
 - Aromatherapy
 - Hypnosis
 - Transcutaneous electronic nerve stimulation (TENS)
 - Intradermal injections of sterile water
- if necessary, I would like to consider the following pain medications:
 - Narcotics
 - Gas anesthetics
 - Epidural
 - Pudendal block

Birth

- Even if I am fully dilated, I would like to wait for the natural urge to push before beginning the pushing stage, unless there are signs of distress which require otherwise.
- I would like to choose the position in which I will give birth, and to be free to change positions throughout the pushing phase if I feel the need to do so. I would like to avoid the supine position, and would be comfortable trying:
 - Lateral
 - Squatting
 - Hands-and-knees
 - Kneeling
- I do not wish to be told how to push. I prefer to push according to my body's natural impulse.
- I realise the length of the pushing phase varies widely. Unless there are signs requiring immediate delivery, I would appreciate not being imposed any time constraints.
- I would like a mirror to see my baby being born.
- We would appreciate having the lights dimmed and only essential staff present when my baby is born.
- I would like to have perineal massage during the pushing phase, as well as warm compresses when the head crowns.
- *Unless there is an emergency*, I do not wish to have an episiotomy.
- If possible, I would like to lift my baby out myself.
- If possible, I would like _____ to lift my baby out and place him/her on my chest.

If cesarean section should become necessary

- I would like my spouse/partner to be present at my side at all times.
- I would like my arms to be free so I can touch my baby.
- I would like the screen to be lowered at the time of birth so we can see our baby be born.
- I would appreciate that conversations be limited to explanations of what is going on and that exchanges between staff be minimal and discreet.
- My spouse/partner will remain with our baby at all times, preferably skin to skin in a calm area.
- I would like help to put my baby to the breast as soon as possible after birth.
 - If this is not possible, no bottles and/or formula will be given to my baby. I will express my colostrum (with help, if necessary) and the baby will be fed by cup, spoon or finger until breastfeeding can begin.
 - I would like to meet with a Certified Lactation Consultant as soon as possible.

Immediately after the baby is born

Unless there is an emergency:

- I would like my baby to be put on my chest immediately after delivery.
- I do not wish to be separated from my baby:
 - I would like to hold my baby while I deliver the placenta and any necessary repairs are made.
 - I would like to have the baby evaluated while I hold him/her.
- We would like the cord to stop pulsating before it is clamped and cut.
- We would like to allow the placenta to be delivered spontaneously. We do not wish any active management (synthetic oxytocin, controlled cord traction, kneading...)
- We would like to bank the umbilical cord blood.

We would like to postpone the following routine interventions for our baby until we have had time to get acquainted:

- Weighing
- Cleaning
- Prophylactic Antibiotic Eye Ointment
- Vitamin K injection

Unless they are medically indicated, we refuse the following routine interventions for our baby:

- Prophylactic Antibiotic Eye Ointment
- Vitamin K injection

Breastfeeding

- We have chosen to breastfeed our baby. Under no circumstances should bottles or pacifiers be given to him/her.
- If there is a medical indication to supplement my baby, I would like to see a Certified Lactation Consultant before any intervention is carried out.
- If need be, I will express my milk to supplement my baby. Formula will be given only as a last resort. Please provide me with the equipment and information necessary to express my milk.
- I would like to see a Certified Lactation Consultant as soon as possible before we are discharged.

Additional comments:

Mother's signature _____ date : _____

Father/partner's signature _____ date : _____

Primary physician / Midwife _____ date : _____

