

My Birth Plan



The following is an example of a birth planning checklist. While no two pregnancies or births are ever alike, this form can serve as a guide to begin recording your preferences to share with your doctors and labor nurses. At Parkland Health Center, we always do our best to honor the personal preferences of our guests, but also ask for your flexibility in the event any part of your plan must be modified to protect your health or the health of your new baby.

MOTHER'S NAME: _____

Attendants and Amenities

I would like the following people to be present during labor and/or birth, as long as it is safe for them to be there:

- ☐ Partner: _____
- ☐ Friend/s: _____
- ☐ Relative/s: _____
- ☐ Doula: _____
- ☐ Children: _____

I'd also like:

- ☐ To bring music
- ☐ To dim the lights
- ☐ To take pictures and/or video during labor and after the delivery

Labor

- ☐ I'd like the option of returning home if I'm not in active labor.

Once I'm admitted, I'd like:

- ☐ My partner to stay with me
- ☐ To wear my contact lenses, as long as I don't need a c-section
- ☐ To stay hydrated by drinking clear fluids as long as the baby and I are doing fine
- ☐ To walk and move around, as possible

As long as the baby and I are doing fine, I'd like:

- ☐ To have intermittent rather than continuous electronic fetal monitoring if appropriate
- ☐ To be allowed to progress naturally

When it's time to push, I'd like to try the following positions for pushing (and birth):

- ☐ Semi-reclining
- ☐ Side-lying position
- ☐ Squatting
- ☐ Hands and knees
- ☐ Whatever feels right at the time
- ☐ As long as my baby and I are doing fine, I'd like the pushing stage to be allowed to progress naturally

Pain Management

I'd like to try the following pain-management techniques:

- ☐ Breathing techniques/distraction
- ☐ Massage
- ☐ Pain medication such as an epidural
- ☐ I would like to avoid an epidural if possible (but understand that it is available if needed)
- ☐ A birthing ball

Vaginal Birth

I'd like:

- ☐ To view the birth using a mirror
- ☐ The room to be as quiet as possible
- ☐ My partner to help cut the umbilical cord if appropriate and if the baby is doing fine

After birth, I'd like:

- ☐ To hold my baby right away, putting off any procedures that aren't urgent (standard practice at Parkland Health Center)
- ☐ To hold my baby skin to skin as soon as possible after delivery
- ☐ To breastfeed as soon as possible

C-Section

If I have a c-section, I'd like:

- ☐ My partner present at all times during the operation
- ☐ The baby given to my partner as soon as he's dried, assuming he's in good health (standard practice at Parkland Health Center)
- ☐ To breastfeed my baby in the recovery room

After the Birth

I plan to:

- ☐ Breastfeed exclusively
- ☐ Combine breastfeeding and formula-feeding
- ☐ Formula-feed exclusively

The following can be offered to my baby:

- ☐ Formula
- ☐ Pacifier
- ☐ Please don't offer anything but my breast milk to my baby

I'd like:

- ☐ 24-hour rooming-in with my baby (standard practice at Parkland Health Center)
- ☐ The option of having my baby cared for in the nursery when I want to take a nap or take a shower
- ☐ I'd like my other child(ren) brought into the room as soon as appropriate after the birth

If my baby is a boy:

- ☐ I'd like him circumcised at the hospital.
- ☐ I'll have him circumcised later.
- ☐ I don't want him circumcised.

Due to COVID-19, some of the options listed might not be available. Please speak with your provider to learn more about our current restrictions.

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