

My Birth Plan

This birth plan is a way to share what matters most to you as you prepare to welcome your baby. It helps your provider and care team understand your preferences and your preferred experience.

BJC HealthCare

At BJC HealthCare, your plan will guide your care. Every effort will be made to follow your plan as closely as possible. Please review your care plan with your provider in advance of your delivery. Also, bring your plan to the hospital and review it with your care team.

Some options may vary by location, provider, or clinical situation. Your care team will talk with you about what is available and help you understand your choices.

During childbirth, plans may need to change to protect your or your baby's health. If that happens, your care team will walk you through each step and keep you informed.

Our goal is simple: A healthy delivery and a birth experience where you feel heard, safe, and supported.

Your Name: _____

Attendants and Amenities

Who I'd like present during labor (please add names)

Partner: _____

Doula: _____

Relatives: _____

_____

_____

Children: _____

_____

_____

Friends: _____

_____

_____

Who I'd like present during birth (please add names)

Partner: _____

Doula: _____

Relatives: _____

_____

_____

Children: _____

_____

_____

Friends: _____

_____

_____

I'd also like to . . .

- ☐ Play my own music
- ☐ Dim the lights
- ☐ Take photos or video during labor and after delivery
- ☐ Use my own aromatherapy options (scented oils, fresh flowers)
- ☐ Wear my own clothes (hospital gowns are also available)

Labor

- ☐ I'd like to return home if I'm not in active labor

Once I'm admitted, I'd like to:

- ☐ Have my partner stay with me
- ☐ Move around and change positions, as possible
- ☐ Stay hydrated with clear fluids, as long as it is safe

As long as my baby and I are doing well, I'd like to:

- ☐ Have as few vaginal exams as possible
- ☐ Have IV access without continuous IV fluids
- ☐ Labor in the pool or tub*
- ☐ Use intermittent rather than continuous electronic fetal monitoring, if appropriate

Pushing Preferences

When it's time to push, I'd like to try the following positions:

- ☐ Hands-and-knees position
- ☐ Side-lying position
- ☐ Semi-reclining position
- ☐ Squatting
- ☐ Squatting bar
- ☐ Whatever feels right at the time

Pain Management

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

- ☐ A birthing ball
- ☐ Breathing techniques or distraction
- ☐ Hot shower or birthing tub
- ☐ Massage
- ☐ Nitrous oxide*
- ☐ Pain medication such as an epidural
- ☐ Prefer to avoid an epidural if possible, while understanding it is available

Not available at all BJC HealthCare locations

Birth

Vaginal Birth

Before vaginal birth, I'd like to . . .

- ☐ Change positions during pushing
- ☐ Touch my baby's head as the baby crowns
- ☐ Use a mirror to view the birth

After vaginal birth, I'd like to:

- ☐ Begin breastfeeding as soon as possible
- ☐ Cut the umbilical cord myself
- ☐ Have my partner cut the umbilical cord
- ☐ To hold my baby skin to skin as soon as possible after birth

Cesarean Birth (C-Section)

If I have a C-section, I'd like to . . .

- ☐ Have my partner present during the entire procedure
- ☐ Have the drape lowered so I can see my baby during birth
- ☐ Have my partner perform a ceremonial cutting of the umbilical cord
- ☐ Breastfeed in the recovery room
- ☐ To hold my baby skin to skin as soon as possible after birth



After the Birth

I plan to:

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

The following can be offered to my baby:

- ☐ Breast milk only
- ☐ Formula
- ☐ Pacifier

Visitor Preferences

I'd like to welcome approved visitors:

- ☐ During labor
- ☐ During delivery
- ☐ After delivery
- ☐ On postpartum only

I prefer:

- ☐ No visitors during labor and birth

Circumcision Preferences

If my baby is a boy, I prefer:

- ☐ Circumcision at the hospital
- ☐ Circumcision at a later time
- ☐ No circumcision

Learn more about our labor and delivery care.



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