

Birth Plan for the _____ Family

We are _____ and _____ and we are expecting the delivery of our _____ child. We are very pleased with our choice of Dr. _____ and _____ Hospital for our upcoming BIRTH – day celebration.

We are well-prepared and educated and have done everything we can to stay healthy and low risk during this pregnancy. We are looking forward to a beautiful, natural birth and would appreciate all of the kind, encouraging care that you can provide.

Since this is a very special event in our lives, we have some preferences, which may be different than your standard routine. It is very important that we have as little intervention as possible. It is our desire to have a quiet and calm atmosphere where we are able to lovingly bring our child into this world. We prefer not to have Electronic Fetal Monitoring (internal or external) and prefer you use a Fetoscope or Doppler to check our baby's heart rate. We prefer as much freedom of movement and choices while we labor and deliver our baby, and it is tremendously important that we not have to lie down at any time for any reason. We would like the use of any equipment you may have to make our birth and delivery experience the best it can be. (The birth ball, squatting bar, and squatting chair/stool are a few examples). We would also like to be able to use the shower for relaxation during the harder parts of labor. It is important that we be able to rejuvenate and strengthen ourselves regularly by having freedom to drink water throughout the laboring process. It is our plan to energize with high carbohydrate snacks in the beginning of our laboring experience. We desire no intravenous fluids at all but are willing to accept a heparin lock in the event that an emergency arises. We are aware of the many choices we have for medications and will ask for something if we decide it is needed. We respectfully request that you consider our wishes and do not offer medication of any type to us during the labor and delivery. We feel very strongly that we (the mother and father) remain together at all times during labor and delivery and that our precious newborn be placed on my (the mother's) tummy immediately after the birth for breastfeeding and bonding. We understand that normal newborn monitoring is necessary and we would like as much monitoring as possible be done with our baby safely, warmly and securely placed upon my (the mother's) tummy.

We prefer only the absolute necessary treatment be given to our newborn. We would rather there be no bathing of our baby. When we arrive home and feel it is necessary, we will bathe our baby for the first time. We would prefer no shot of vitamin K or erythromycin eye drops be used on our child. We are both healthy parents and see no need for the "precautionary" measures in the first, very formidable hours of our baby's life. It is our plan that the baby will remain in our room at all times. So we would request that all newborn evaluations be done there. We also prefer to have no artificial nipples placed in our baby's mouth at any time.

We understand, of course, the need for some flexibility in the case of a complication arising. Although we feel everything will go normally, we trust that you will inform us if any problems come up so that we can discuss the choices to be made and come up

with a new plan of action. We take our responsibility of being good parents very seriously and want to do what is best for our baby. In the event that an emergency cesarean is needed, we both prefer to remain together, with me (the mother) awake, so that our baby can be placed on my stomach immediately after birth for breastfeeding and bonding while you are repairing the incision. If a complication arises with our newborn, my husband will remain with the baby if you must take him/her to another place in the hospital other than our room. In the very sad event of a stillbirth, it is our preference to hold and say good-bye to our little one in private. We would like to have as much time as we deem necessary in this case.

One last, but very important part of our plan is to have our lay midwife, Kristi Zittle, present with us at all times in the hospital. She has performed all prenatal care and we trust her and her ability to aid us in a safe and happy birth. We desire that she be allowed to participate in the birth as much as possible and especially in the second stage of delivery where she specializes in supporting and eliminating perineal and vulvar tearing. We would also like her to be able to assist in the delivery of our baby and the cutting of the cord. We would like to delay the cutting of the cord until the placenta is completely delivered and the cord has fully stopped pulsating.

We want to thank you for your kind attention. We look forward to sharing this, one of life's most miraculous events, with the very special people of your staff.

Father

Mother

Date