BIRTH PLAN *Considerations*

YOUR BIRTH ENVIRONMENT

Who would you like present?

Lighting preferences

Music or playlist yes/no

Photos/videos yes/no

LABOR & MOVEMENT

- ☐ Freedom to walk and move around
- ☐ Use of birthing ball or peanut ball
- ☐ Shower or tub
- ☐ Intermittent or bluetooth monitoring
- ☐ Eating and drinking during labor

PAIN MANAGEMENT

- ☐ Breathing/relaxation techniques
- ☐ Counterpressure
- ☐ Massage
- ☐ Heat/cold
- ☐ Shower or tub
- ☐ TENS
- ☐ Nitrous oxide
- ☐ IV medications
- ☐ Epidural

When you'll like your provider to explain pain management options.

MEDICAL INTERVENTIONS

- ☐ Saline/hep lock
- ☐ Limited vaginal checks
- ☐ Artificial rupture of membranes (breaking your water)
- ☐ Internal monitoring
- ☐ Fetal scalp monitoring
- ☐ Vacuum
- ☐ Forceps

IMMEDIATELY AFTER BIRTH

- ☐ Immediate skin-to-skin
- ☐ Delayed cord clamping
- ☐ Eye ointment
- ☐ Vitamin K
- ☐ Hepatitis B vaccine
- ☐ Newborn screening

Time of newborn precedes (weight, height, etc.)

Time of first bath

Nursery yes/no

FEEDING

- ☐ Breastfeeding
- ☐ Lactation consultant
- ☐ Pumping, if needed
- ☐ Formula
- ☐ Pacifier yes/no

FAITH & EMOTIONAL SUPPORT

- ☐ Prayer before/after birth
- ☐ Scripture or worship music

YOUR SUPPORT PERSON'S ROLE

Help create a calm environment

Offer water and snacks

Reminders to change positions

Provide encouragement

Advocate when you're unable to communicate clearly

IF THINGS DON'T GO ACCORDING TO PLAN

What if labor needs to be induced?

What if your water breaks before labor begins?

What if baby's heart rate becomes concerning?

What if labor stalls?

What if an assisted delivery is recommended?

What if a C-section becomes necessary?

Can baby have skin-to-skin in the operating room if medically appropriate?

What happens if baby needs to leave the room?

ADDITIONAL NOTES

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