

BIRTH PLAN



Your name: _____

Name of your pregnancy care provider: _____

Name of your baby's doctor: _____ Type of childbirth preparation: _____

LABOR

Choose as many as you wish:

- I would like to be able to move around as I wish during labor.
- I would like to be able to drink fluids during labor.

I would like the following people with me during labor (check hospital or birth center policy on the number of people who can be in the room):

I prefer:

- An intravenous (IV) line for fluids and medications
- A heparin or saline lock (this device provides access to a vein but is not hooked up to a fluid bag)
- I don't have a preference

It's OK **/not OK** for people in training (such as medical students or residents) to be present during labor and delivery.

I would like to try the following options if they are available (choose as many as you wish):

- A birthing ball
- A birthing stool
- A birthing chair
- A squat bar
- A warm shower or bath during labor. I understand that a bath would be used only for the first stage of labor, not during delivery.

ANESTHESIA OPTIONS

Choose one:

- I do not want anesthesia offered to me during labor unless I specifically request it.
- I do not know whether I want anesthesia. Please discuss the options with me.
- I would like anesthesia. Please discuss the options with me.

DELIVERY

I would like the following people with me during delivery (check hospital or birth center policy):

- I prefer to avoid an episiotomy unless it is necessary.
- I have made prior arrangements for storing umbilical cord blood.

CONTINUED →



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BIRTH PLAN



DELIVERY *(Continued)*

For a vaginal birth, I would like (choose as many as you wish):

- To use a mirror to see the baby's birth
- For my labor partner to help support me during the pushing stage
- For the room to be as quiet as possible
- For one of my support people to cut the umbilical cord
- For the lights to be dimmed

- To be able to have one of my support people take a video or pictures of the birth.
Note: Some hospitals have policies that prohibit videotaping or taking pictures. Also, if it is allowed, the photographer needs to be positioned in a way that does not interfere with medical care.
- For my baby to be put directly onto my chest immediately after delivery
- To begin breastfeeding my baby as soon as possible after birth

In the event of a cesarean delivery, I would like the following person to be present with me:

- I would like to see my baby before my baby is given eye drops.
- I would like one of my support people to hold the baby after delivery if I am not able to.
- I would like one of my support people to go with my baby to the nursery.
- I would like my support person to know what shots my newborn will receive.

BABY CARE PLAN

FEEDING THE BABY

I would like to (check one):

- Breastfeed exclusively
- Bottle-feed
- Combine breastfeeding and bottle-feeding

It's OK to offer my baby (check as many as you wish):

- A pacifier
- Sugar water
- Formula
- None of the above

NURSERY AND ROOMING-IN

If available at my hospital or birth center, I would like my baby to stay (check one):

- In my room with me at all times
- In my room with me except when I am asleep
- In the nursery but be brought to me for feedings
- I don't know yet. I will decide after the birth.

CIRCUMCISION

- If my baby is a boy, I would like him circumcised at the hospital or birth center.



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