

# What is my **birth** plan?

## Your preferences for labor, childbirth and immediately after

We invite you to share your preferences for childbirth. They help your birth team support you and your family according to your wishes. These preferences are flexible. We realize your thoughts and feelings may change throughout the labor and birthing process – we will work with you throughout your childbirth. We want to help you have a satisfying experience while keeping both you and your baby healthy and safe.

### Support during labor and birth

- During labor, I would like to have present:

- My partner
- The following support people: \_\_\_\_\_
- Birth doula
- Visitors, depending on how I feel at the time
- Personal request: \_\_\_\_\_

- During my baby's birth, I would like to have present:

- My partner
- The following support people: \_\_\_\_\_
- Birth doula
- Personal request: \_\_\_\_\_

### Pain control during labor and birth

- I have discussed pain control options with my physician/certified nurse midwife and wish:

- To have an unmedicated birth
  - In support of the unmedicated birth option, periodically remind me of coping techniques, such as breathing, relaxation, position changes, birth ball, rocking chair, massage and hydrotherapy
- To have medication as needed for pain relief
- To have an epidural
- Personal request: \_\_\_\_\_

My health care team understands that I reserve the right to change my mind regarding pain relief.

### Labor

- If medically safe for me and my baby, I would like:

- To walk around
- To use the birthing ball and/or rocking chair
- To use the tub/shower
- To listen to music of my choice (brought from home)
- To have the lights dimmed
- To have ice chips/sips of water
- To have ice pops or other clear liquids
- Personal request: \_\_\_\_\_

### Birth/immediately following birth

- If medically safe for me and my baby, I would like:

- To have a mirror available to help me see to push
- To have my partner cut the cord after delivery, if possible
- In the event I require a cesarean section, I would prefer to have my partner with me
- To have the baby placed on my chest in skin-to-skin contact immediately after delivery, unless my baby needs medical attention
- Personal request: \_\_\_\_\_

• Feeding preferences

- I would like to breastfeed immediately after my baby's birth
- I do not want my baby to receive bottles unless it's medically necessary
- I would prefer that my baby not be given a pacifier
- I am undecided about breastfeeding and would like more information
- Personal request: \_\_\_\_\_

• Circumcision

- I would like my son circumcised
- Personal request: \_\_\_\_\_

• Umbilical cord blood banking

- I would like additional information regarding public cord blood banking
- I would like to donate my baby's cord blood to the Texas Cord Blood Bank, a public cord blood bank
- Personal request: \_\_\_\_\_

To learn more about public cord blood banking and the Texas Cord Blood Bank, visit [bloodntissue.org/texascordbloodbank.asp](http://bloodntissue.org/texascordbloodbank.asp).

**Other notes**

---

---

---

---

---

---

---

Your Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_



**Pavilion  
for Women**