# Sample Birth Plan

Who will be your primary support person?

Please include the name of any other person whose attendance is important to you.

**People to be present for labor:**

**People to be present for birth:**

If the baby's siblings are going to be present during labor and/or birth, please list name(s)/age(s) and their care provider.

Do you want the nursing staff to help you and your partner control the number of visitors?  
☐ Yes  ☐ No

Can you describe the environment you and your partner hope to create?

Are you planning on videotaping the birth?  
☐ Yes  ☐ No

*If yes, have you discussed this with your care providers?*

☐ Yes  ☐ No

If a cesarean birth is necessary, do you want your primary support person to be present?  
☐ Yes  ☐ No

Do you want to:

- Be able to change position and walk around
- Eat and drink fluids as desired
- Have water, juice, popsicles, ice chips as desired
- Have Heparin lock or IV if medically necessary
- Have vaginal exams at mother’s request
- Have vaginal exams only when labor changes
- Have Internal electronic fetal monitoring for medical reasons
- Have routine continuous electronic monitoring - external or internal
- Use relaxation, breathing, comfort measures
- Have access to water (tub or shower)
- Have no medication
- Have medication, anesthesia only at mother's request
- Have epidural anesthesia as soon as labor allows
Note circumstances you wish your healthcare team to understand to better care for you (cultural, religious, traditions, personal desires).

Please check your preferences for your birth process:

- **Lying**
- **Semi-sitting**
- **Sitting upright**
- **Squatting**
- **Side-lying**
- **Under-water**
- **Other**

- If possible, maintain intact perineum (no episiotomy)
- Hot compresses or perineal massage for stretching
- Anesthesia, before or after episiotomy and stitches

Please check your preferences for your baby's care immediately after birth:

- Partner cuts cord
- Baby skin-to-skin on mother with blanket covering both; remain in parents' arms for observation
- Baby wrapped in heated blankets and held by parents
- Baby placed in bassinet with radiant heater
- Breastfeeding on demand, starting immediately after birth
- Supplemental feedings (formula or water from bottle) only if medically indicated
- Demand "on cue" feedings with infant formula
- Mother/Father give the first bath
- No circumcision
- Plan circumcision in the hospital prior to discharge
- Plan circumcision after leaving the hospital