

# BIRTH PLAN

(if you are planning to create a birth plan, please use the following pages)

Name: \_\_\_\_\_ My Due Date: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_

## LABOR

- 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 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

I would like the following persons present with me during labor: \_\_\_\_\_

- It's OK  NOT OK for 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 (not during delivery)

## ANESTHESIA OPTIONS (choose one):

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

## DELIVERY

I would like the following persons present with me during labor: \_\_\_\_\_

- Unless it needs to be done to ensure the safety of the baby, I would prefer not to have an episiotomy.
- I have made prior arrangements for storing umbilical cord blood.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**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 coach to help support me during the pushing stage
- For the room to be as quiet as possible
- For one of my support persons to cut the umbilical cord
- For the lights to be dimmed
- To be able to have one of my support persons take pictures of the birth.
- For my baby to be put directly onto my abdomen 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: \_\_\_\_\_**

Stanford HealthCare-ValleyCare Policy: 1 support person allowed in surgery room and recovery, must be the same person.

- I would like to see my baby before he or she is given eye drops
- I would like one of my support persons to hold the baby after delivery if I am not able to.
- I would like one of my support persons to accompany my baby to the nursery.

**BABY CARE PLAN**

I would like my baby to be:

- Breastfed exclusively
- Bottle-fed
- Combine breastfeeding and bottle-feeding

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

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

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 and I would like a circumcision, I am aware I must speak with my pediatrician.

Once completed, please share a copy with your physician and place a copy in your hospital bag.