

Birth Planning Worksheet

Name: _____

Date: _____

I have prepared myself for a birth that is as safe and healthy as possible and prefer that interventions be used as a last resort, if at all. I plan to be actively involved in all decisions related to my labor and birth and request clear and open communication between myself and all medical support staff. While I know that I may need to respond to unexpected situations, this birth plan reflects my current intentions. Thank you for helping me have a safe, healthy, and satisfying birth.

☐ I would like my labor to begin on its own, unless there is a medical reason why induction would be safer.

☐ I plan to walk, move around, and change positions throughout my labor.

Other comfort techniques I would like to use: _____

☐ I plan to have continuous labor support from a loved one, friend, or doula.

Names and roles of people I would like to have at my labor: _____

☐ I would like my labor room to be quiet and calm.

Other environment requests: _____

☐ I plan to minimize interventions during my labor and birth. I would like to have no routine interventions and intend to avoid the following interventions unless there is a medical reason and assurance that they are safer than the low-tech alternative or doing nothing:

☐ Continuous electronic fetal monitoring (I prefer intermittent monitoring)

☐ Artificial rupture of the membranes (I would like my waters to break on their own)

☐ Pitocin (I am comfortable with letting labor progress at its own rhythm, and I prefer non-drug methods to help labor progress)

☐ An intravenous line (I prefer to eat and drink, but if it is the hospital's policy to start an IV, I would like a saline lock so I can stay mobile.)

☐ Epidural analgesia (I plan to use non-drug methods of pain relief)

☐ An episiotomy (I prefer to let my perineum stretch on its own, and I realize I may experience a natural tear)

Other intervention requests: _____

☐ I don't want to give birth on my back, and I will follow my body's urges to push.

Other pushing support I would like to have: _____

☐ I want to keep my baby with me after birth, allowing us to have as much skin-to-skin contact as possible and unlimited opportunities for breastfeeding.

Other requests for newborn care: _____