

# Your Birth Plan



FLORIDA HOSPITAL  
*Altamonte*

*The skill to heal. The spirit to care.*

This birth plan is designed to help you have the best labor experience possible during your child's grand entrance into the outside world.

## Labor Induction/Augmentation

If I go past my due date and there are no health risks for me or my baby, I would prefer:

- ☐ Not to be induced
- ☐ To be induced

I would prefer trying the following induction methods (choose any of the following):

- ☐ Breast stimulation
- ☐ Essential oils
- ☐ Walking
- ☐ Sexual intercourse
- ☐ Pitocin

## Preparation

- ☐ I would like to wear my contacts lenses if possible.
- ☐ I would like to wear my own clothes in labor.
- ☐ I would like to wear my sports bra.
- ☐ I would prefer to be able to eat and drink during labor.
- ☐ I would prefer no IV unless absolutely necessary.
- ☐ If I need an IV, I would like to use a saline lock.

## Monitoring

- ☐ I would prefer intermittent fetal monitoring as long as there is no fetal distress.
- ☐ I would prefer to be monitored by the underwater Doppler while in the Jacuzzi.
- ☐ I would prefer to walk around. Mobility is important to me.
- ☐ I would prefer continuous fetal monitoring.

## General Information

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

Prefer to be called: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Due Date: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

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

## Anesthesia/Pain Medication

- ☐ I would prefer to labor without pain medication. I will ask if I would like something for pain. Please do not ask me.
- ☐ I would like the medication Stadol before trying an epidural.
- ☐ I would like an epidural.

## Environment/Comfort and Relaxation Aids

Choose any of the following:

- ☐ I would like the following individuals to be present during labor: \_\_\_\_\_  
\_\_\_\_\_
- ☐ I would like the following individuals to be present during the actual birth: \_\_\_\_\_  
\_\_\_\_\_
- ☐ I would prefer dim lighting.
- ☐ I would like music therapy using the iPod docking station/ CD player.
- ☐ I would like to use essential oils (aromatherapy).
- ☐ I would like the ceiling fan on at all times.
- ☐ I would like to use the Jacuzzi tubs with pillows starting at four centimeters dilated.
- ☐ I would like to use a rice heating pad for comfort.
- ☐ I would like to use massage aids.
- ☐ I would like a massage by a massage therapist (by request only).

## Equipment

I would like the following equipment available to me:

- ☐ Birthing ball
- ☐ Birthing chair/stool
- ☐ Jacuzzi
- ☐ Shower
- ☐ Squat bar/kneeler

## First Stage of Labor

- ☐ I do not want to be separated from my partner during labor or birth.
- ☐ I would like to labor and prefer not to be augmented unless medically necessary.
- ☐ I would prefer vaginal exams to be kept to a minimum.
- ☐ I would like encouragement throughout labor.

## Second Stage of Labor (Pushing)

- ☐ I would like a mirror present to view birth.
- ☐ I would like to be able to touch the baby's head when it crowns.
- ☐ I would like for my coach/support person to support my legs when I push.
- ☐ I would like to use the squat bars during pushing.
- ☐ I would like to use the birthing chair/stool for pushing.
- ☐ I would like to try different positions during pushing.
- ☐ I would like to wait to push until I feel the urge even if I am fully dilated.
- ☐ I would like counting to help me push.

## After Birth

- ☐ I'd like to have my baby placed on my chest immediately after birth, as long as baby is not having any difficulty, for up to 45 minutes after birth.
- ☐ I would like to breastfeed as soon as possible.
- ☐ I'd like for my partner to cut the cord.
- ☐ My partner doesn't want to cut the cord. Please do not ask.
- ☐ I would like for baby's first assessment to be done in my or my partner's presence.
- ☐ I would like for my partner or me to see the baby's first bath.
- ☐ I would like to bank baby's umbilical cord blood.
- ☐ I would like baby to stay with me or my partner at all times.
- ☐ I would like to be discharged at 24 hours post-delivery as long as baby's pediatrician can see the baby the following day.

## Cesarean Section

- ☐ I would like to avoid a C-section if possible.
- ☐ If C-section is necessary, I'd like my partner present.
- ☐ I would like to touch baby after birth.
- ☐ I would like to breastfeed baby as soon as possible.
- ☐ I would like baby to stay with me or my partner at all times.

## Feeding Methods

Please choose one of the following:

- ☐ I would like to see a lactation specialist.
- ☐ I would like to bottlefeed.
- ☐ I would like to breastfeed.
- ☐ I would like to breastfeed and bottlefeed.
- ☐ I do not want my baby to have a pacifier.
- ☐ I would like my baby to have a pacifier (must bring from home).
- ☐ I do not want my baby given any formula unless medically necessary.

Any comments or suggestions: \_\_\_\_\_

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