This birth guide gives you the chance to tell your wishes and desires for the birth of your baby. Talk to your partner and your healthcare provider about your birth plan. There is no way to control every part of labor and delivery. A printed guide helps to make your wishes clear.

This birth guide is meant to tell the wishes and desires for the birth of our baby. The birth guide is not meant to be a script. We know that things may come up that are not part of the plan. If this happens, sometimes the plan cannot and should not be followed. If things change we would like to be informed and aware of our choices.

Mom's name……………………………………………………
Expected date of arrival……………………………………………………
Primary support person’s name……………………………………………………

Have you thought about who you would like with you in labor?
Below are the names of the people I would like with me during labor and birth. (Rules vary as to the number to people allowed at facilities.)

- ……………………………………………………………………………………
- ……………………………………………………………………………………
- ……………………………………………………………………………………
- ……………………………………………………………………………………

Tips
Keep it simple and short! Be flexible. Let those around you know how to help you.

During labor I would like to:
- □ Listen to soothing music. I will bring my own music and playing device.
- □ Dim the lights in my room.
- □ Wear my own clothes during labor and delivery.
During labor I would like to:

☐ Stay hydrated by drinking clear fluids or by having ice chips.
☐ Have my IV with a cap on the end instead of an IV with running fluids.
☐ Walk and move around as much as possible and safe.
☐ Have my nurse keep me up-to-date on my progress.
☐ Talk about choices for fetal monitoring.
☐ Use a squatting bar.
☐ Have a birthing ball for different positions.
☐ Use the peanut ball.

When it’s time to push:

☐ I would like the healthcare team to tell me when to push and for how long.
☐ I would like to follow my body’s signs for when to push.

Positions I would like to be in for pushing

☐ Semi-reclining
☐ All 4’s hands and knees
☐ Side-lying

My choices for managing pain:

☐ Warm shower or bath
☐ Massage
☐ Using hot or cold therapy.
☐ Breathing techniques or distractions
☐ Guided Imagery (Bring Script)
☐ Change of position often
☐ Rocking
☐ Nitrous oxide
☐ Epidural
☐ Please do not offer me pain meds I will ask if I need them
☐ Pain meds as soon as possible
☐ Pain meds if I look like I am not comfortable.

Vaginal birth
I would like to:

☐ Limit visitors during birth
☐ View the birth using a mirror
☐ Touch my baby’s head as it crowns
☐ Have the room as quiet as possible

After birth, if baby is stable:

☐ Hold my baby skin to skin as soon as possible
☐ Breastfeed as soon as possible
☐ Let my partner help in cutting the umbilical cord

Cesarean birth
I would like to:

☐ Have my partner with me during the operation
☐ If possible, have the baby given to my partner as soon possible
☐ Use a clear drape so I can watch the delivery
☐ Breastfeed my baby in the recovery room
☐ Hold my baby skin to skin as soon as possible

After birth
I am planning to:

☐ Breastfeed
☐ Formula-feed (We will talk to you about the benefits of breastfeeding.)
☐ Formula-feed due to medical reasons

Notes:

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V: NOVANT HEALTH