



*The Association for Wholistic Maternal and Newborn Health  
Promoting Mother-Baby Friendly Maternity Care*

Maternal-Child Health Education, Training, Consultation and Support

Page 1 of 2

## SAMPLE BIRTH PLAN

**Patient Name:**

**Father of Baby:**

**OB:**

**Nurse-Midwife:**

**Pediatrician:**

**Doula:**

**Hospital:**

**EDD:**

**LMP: Number Pregnancies:    Number Births:**

**We are striving to have a Mother-Friendly and Baby-Friendly Birth Experience. The following are our preferences for labor, delivery, postpartum, and infant care. We appreciate your support in achieving these birthing goals.**

### **Pain Medication Preference:**

We have a strong desire to avoid pain medication for the baby's benefit. We have attended a series of natural childbirth classes and have actively prepared by reading and practicing labor support techniques outside of class. Mother will accept pain medication for a difficult labor, however, we will be bringing a doula to help her breathe and relax.

### **How Partner will Help:**

We have attended a series of childbirth preparation classes and have learned and practiced labor coping techniques. Please do not offer pain medications. Interpret requests for pain medication as a sign that mom needs more help, preferably from the doula. Would like to try bath or shower for pain relief before medications and would like to walk before accepting Pitocin to speed up a slow labor. We plan to arrive at hospital in active labor. If we arrive prior to active labor, we may not want to be admitted.

### **Normal Labor/Pushing Preferences:**

- Mom does not wish to be medically induced unless risk of continuing pregnancy is greater than risk of induction. Please perform Bishop Score and Estimated Fetal Weight prior to induction.
- External intermittent monitoring, standing or sitting if possible or telemetry if continuous monitoring necessary
- Walk in labor, assume any position
- Heparin lock --no IV
- Use shower for pain management, do not want pain medication
- Drink juice, water
- Would like quiet environment, lights low, soft voices
- Push Upright Position: Use squatting bar for pushing, or assisted by partners
- No stirrups -- partners will hold legs
- No episiotomy, please do perineal massage and warm compresses
- Father to cut umbilical cord

### **Will Accept the Following Procedures if a Long or Difficult Labor or Long Pushing Stage:**

- Analgesic IV medications to be tried before epidural
- Epidural Anesthesia, only after 5 centimeters dilated
- Urinary Catheterization – only with epidural
- IV – only with epidural
- Pitocin Augmentation – if stalled labor
- Vacuum extraction – if no progress after 2 hours of pushing
- Episiotomy – only if doctor/midwife predicts large tear; please discuss before performing incision, get our consent

### **If cesarean is necessary, preferences are:**

- Partner and Doula to be in operating room (if only one person allowed, father will be there).



*The Association for Wholistic Maternal and Newborn Health  
Promoting Mother-Baby Friendly Maternity Care*

Maternal-Child Health Education, Training, Consultation and Support

- Lower screen so mom can see baby as he/she is removed
- Delay cord cutting
- Partner to trim umbilical cord
- Free Moms hands to hold baby
- No Mask on Mom's face so she can talk to baby
- Mom to hold baby chest-to-chest, skin-to-skin immediately after baby is born
- Breastfeed within first ½ hour in recovery, doula will assist with breastfeeding
- If baby is stable, delay all newborn procedures til after mother has nursed baby for 1 hour
- Father to go to nursery with baby, will hold baby during procedures, baby to be brought back to mom immediately

**Newborn Preferences:**

- Baby placed on mother's belly immediately after birth; do newborn assessment on mom's chest; do not remove baby from mom's chest unless there's a problem
- Delay cord cutting--father to cut cord after it stops pulsating
- Cover mother and baby with warm blanket immediately after birth
- Baby to breast immediately if baby's APGAR score is good
- Keep baby with mother for 2 hours after birth. Doula and/or breastfeeding counselor will assist with breastfeeding.
- Delay antibiotic eye ointment for 2 hours, until baby has breastfed
- Delay Newborn Screen Test for 2 hours, until baby has breastfed
- Delay Hepatitis B for 2 hours, until baby has breastfed
- Delay Vitamin K Shot for 2 hours, until baby has breastfed
- No circumcision
- Father to go to nursery with baby
- No bottles, No pacifiers, Breast Only.
- Rooming in with baby
- Father to stay overnight in room

**I have discussed this birth plan with the patient and approve of this plan.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Doctor/Midwife

**We understand that the nature of birth is often unpredictable and we agree to be flexible in our desires, and to work cooperatively with the hospital staff.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother-to-be

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Father-to-Be