

Fill out and check off the items you wish to include in your birth plan. Share it with your partner, doula and your care team at hospital or birthing center where you plan to have your baby.

## **IMPROTANT INFOMRATION AND CARE TEAM:**

Expected Delivery Date:

Expectant Mother:

Expectant Father:

Support Person 1:

Hospital/Birth Center:

Doula:

Support Person 2:

Doula Phone #:

# **HOSPITAL ADMISSION AND PROCEDURES:**

- I would like to wear my own birthing attire for the delivery.
- I would like to eat if I want to
- I would like to walk and move around if I chose
- I would like to use a birthing pool/tub
- I would like to be able to play my birthing playlist from my phone.
- ] I would like the medical personnel identify themselves (ex. Residents or Students)
- I would like to drink clear liquids to stay hydrated rather than an IV (a hep-lock is f
- I would like my support person to be able to take pictures/video during the labor/delivery
- ] I would like to take in consideration other ideas that my doula or midwife think would be helpful

# **OTHER INTERVENTIONS**



- Have intermittent rather than continuous fetal monitoring
  I would like my labor to progress naturally, free of time limits and have my labor induced only if medically necessary.
- Please do not offer me pain medication, I will request it if I need it.
- No episiotomy unless medically necessary
- Not to get oxytocin (Pitocin) after delivering the placenta unless medically necessary

## **BIRTH OPTION 1: VAGINAL DELIVERY**

My partner or myself to be able to catch the baby Be skin to skin with baby right after birth.



I o breastfeed as soon as possible I would then like the guests to be excused and for my husband and I to be alone for the first hour with the baby.



### **BIRTH OPTION #2: C-SECTION**

- ONLY if medically necessary
- My partner or support person present at all times during the operation
  - The baby to be delivered to myself or my husband as soon as possible

## POSTPARTUM

- All newborn procedures to take place in my presence
- My partner to stay with the baby the whole time if I cannot be there.
  - After that, other guests may come in and meet the baby as well.
- I plan to breastfeed exclusively, please do not offer my baby formula or a pacifier.
- ) My other children brought in to spend time with my husband, the baby and me after the one hour period my husband and I spent alone with the baby.

# **ADDITIONAL INSTRUCTIONS:**

#### GLOBAL PERINATAL SERVICES 32700 PACIFIC HWY S, SUITE 12, FEDERAL WAY, WA 98003 PHONE:206-679-0782 || FAX: 206-420-0366 HTTPS://WWW.GLOBALPERINATAL.ORG INFO@GLOBALPERINATAL.ORG