BIRTH PLAN

My Full Name:	*OB Name & Contact:*	*Birth Date:*
Support Person:	*Hospital Name & Contact:*	*Due Date:*

OVERVIEW

- ☐ I am Group B Strep Positive
- ☐ I have Rh incompatibility with baby
- ☐ I have Gestational Diabetes
- ☐ I have been previously diagnosed with: _____

LABOR

My Delivery is planned as:	☐ Vaginal ☐ C-Section ☐ Water Birth ☐ VBAC
For Labor, ***I would like...***	• • • • •
My pain management preferences are...	☐ Epidural ☐ General or Local Anesthesia ☐ Narcotic Analgesics ☐ Nitrous Oxide ☐ Spinal Block ☐ I do not wish to have any pain management intreventions
My Labor Augmentation Preferences:	☐ Membrane Sweep ☐ Balloon Catheter ☐ Cervical Ripening (Medication or Gel) ☐ Breaking Water / Ruptured Membrane ☐ Pitocin ☐ I do not wish to have any labor augmentations

DELIVERY

For the Delivery, ***I would like...***	• • • • •
For the Delivery, ***I would <u>NOT</u> like...***	• • • • •
For a C-Section, ***I would like...***	• • • • •

AFTER DELIVERY

After the Delivery, ***I would like...***	• • • • •
After the Delivery, ***I would <u>NOT</u> like...***	• • • • •
For my baby, ***I would like to...***	☐ Exclusively breastfeed ☐ Feed with formula only ☐ Use a breast pump ☐ Have help from a lactation specialist

NEWBORN CARE

Baby care that I approve:	• • • • •
Baby care that I do <u>NOT</u> approve:	• • • • •
If baby is not well, I would like like...	• • • • •

ADDITIONAL NOTES: