



Oaklawn My Birth Plan

This plan is my wish but I realize that the safety of myself and my baby may make it necessary to deviate from this birth plan.

Name _____

Partner's Name _____

Doctor _____

Due Date _____

Attendants for delivery (3 people may be present)

1) _____

2) _____

3) _____

Please note that I have:

___ Group B strep

___ Gestational Diabetes

___ History of postpartum depression/depression

___ Other _____

During labor, I'd like...

___ recorded music played (I will provide) ___ to eat and drink as approved by the doctor

___ the room to be quiet ___ to be able to walk around

___ the lights dimmed ___ to use the shower/tub

___ my partner to be present ___ to use a squatting bar

I would like to try the following pain-management techniques:

___ bath/shower ___ IV medication

___ breathing techniques/distraction ___ only what I request at the time

___ hot/cold therapy ___ whatever is suggested at the time

___ massage ___ Please don't offer me pain medication

___ epidural I'll request it if I need it

___ intrathecal

Pushing: When it is time to push, I would like to...

___ push instinctively

___ be coached on how to push

___ push without time limits as long as my baby and I are doing fine

I'd like to try the following positions while pushing:

___ semi-reclining ___ whatever feels right at the time

___ squatting ___ use people for leg support

___ lying on my side ___ use foot pedals for support

___ hands and knees ___ use birthing bar

As the baby is delivered, I would like to...

___ use a mirror to see the baby crown ___ have the room as quiet as possible

___ touch the head as it crowns ___ use whatever methods my doctor deems necessary

___ help catch the baby



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After birth, I'd like to...

- hold baby right away
- have my partner/support person cut the cord
- delay cutting the cord until after it has stopped pulsating
- to bank the cord blood
- to deliver the placenta spontaneously without assistance
- to see the placenta before it is discarded

Feeding plans:

- I would like to breastfeed as soon as possible
- breastfeed after bath
- breastfeed later
- combine breastfeeding and formula feeding
- formula feed exclusively

Please don't give my baby...

- sugar water
- formula
- pacifier

Postpartum: After delivery, I'd like...

- my partner or I to stay with the baby at all times
- the baby to room-in with me only when I'm awake
- my baby brought to me for feedings
- to make a decision later depending on how I feel
- to room-in for 24 hours

Circumcision: If my baby is a boy...

- I want him to be circumcised at the hospital
- I do not want a circumcision performed
- I want a circumcision performed later
- I want the circumcision performed in the presence of myself and/or my partner

Additional Information: