

Birth Preferences Worksheet

Name: _____

Date: _____

Baby's Name: _____

I have prepared myself for a birth that is as safe and healthy as possible and prefer that interventions be used as a last resort, if at all. I plan to be actively involved in all decisions related to my labor and birth and request clear and open communication between myself, the midwives, and all support staff. While I know that I may need to respond to unexpected situations, this birth plan reflects my current intentions. Thank you for helping me have a safe, healthy, and satisfying birth.

I would like my labor to begin on its own, unless there is a medical reason why induction is needed.

I plan to walk, move around, and change positions throughout my labor. Other comfort techniques I would like to use are: _____

I plan to have continuous support from a loved one, friend, or doula. Their names and roles are: _____

I would like my labor room to be quiet and calm. Other environment requests: _____

I plan to minimize interventions during my labor and birth. I would like to have no routine interventions, and intend to avoid the following interventions unless there is a medical reason why they are necessary:

Continuous fetal monitoring (I prefer intermittent monitoring)

Artificial rupture of membranes (I would like my waters to break on their own)

Pitocin (I am comfortable with letting labor progress at its own rhythm, and I prefer non-medication methods to help labor progress)

Continuous IV fluids (I will drink fluids, and prefer a saline lock so that I can be more mobile)

Epidural Analgesia (I prefer to use non-drug methods of pain relief)

An episiotomy (I prefer to let my perineum stretch on its own, and I realize that I may experience a natural tear)

Other intervention requests: _____

I want to hold my baby immediately when he/she is born, and keep the baby with me during my hospital stay.

I plan to breastfeed, and do not want any formula or pacifiers offered to my baby.