

# Birth Plan



Full Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Provider: OB-GYN, P.C.

\*I would like \_\_\_\_\_

present in the delivery room with me.

\*You should know that I

\_\_\_\_\_ have group strep B

\_\_\_\_\_ am Rh negative

\_\_\_\_\_ have gestational diabetes

\*Having access to a birth ball/peanut/bean bag/squatting bar/bath tub are,

\_\_\_\_\_ Important to me.

\_\_\_\_\_ NOT important to me, but if you find they may be helpful, please suggest them to me.

\*For Pain relief I would like,

\_\_\_\_\_ to know my options immediately

\_\_\_\_\_ to NOT be offered any pain meds unless I request them

\_\_\_\_\_ to use breathing, positioning, and relaxation techniques

\*As baby is being delivered/when baby is delivered, I would like,

\_\_\_\_\_ to touch baby's head as it crowns/help catch the baby

\_\_\_\_\_ to do skin to skin care immediately

\_\_\_\_\_ to allow the cord to be done pulsating before it is clamped

\_\_\_\_\_ to donate cord blood to Michigan Blood

\_\_\_\_\_ to collect cord blood for private banking

\_\_\_\_\_ to have partner cut the cord



**\*I have chosen to,**

\_\_\_\_\_breastfeed

\_\_\_\_\_bottle feed

(\*I prefer to use \_\_\_\_\_ formula \_\_\_\_\_ mother's donor milk)

**\*I would like to avoid if possible**

---

**\*I am especially fearful of or may need extra support with**

---

**\*Other notes...**

---

---

\*This birth plan represents my desire and hope for my birth and allows you to get to know me better. I understand that birth is unpredictable. I know ultimately the safety of mother and baby is the number one priority of everyone in the room and that desires on my birth plan may change to ensure that safety.

