

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 B strep

_____ 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)

_____ delay newborn bath

***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.

