BIRTH PLAN

babylist

Your Name _____ Ob-Gyn Name _____

Ob-Gyn Clinic _____ Ob-Gyn Phone Number _____

MEDICAL CONDITIONS

- ☐ Anemia
- ☐ Diabetes
- ☐ GBS-positive
- ☐ Gestational Diabetes
- ☐ High Blood Pressure
- ☐ Oligohydramnios
- ☐ Placenta Previa
- ☐ Polyhydramnios
- ☐ Preeclampsia
- ☐ Previous C-Section
- ☐ STI-positive
- ☐ Medications _____
- ☐ Allergies _____
- ☐ Other: _____

LABOR

Planning for a: ☐ Vaginal delivery ☐ C-section

Support people allowed in L&D room: _____

Medical Students/Residents ☐ OK ☐ Not OK

Induction methods:

- ☐ Membrane stripping
- ☐ Amniotomy
- ☐ Pitocin
- ☐ Prostaglandin

IV options:

- ☐ IV
- ☐ Saline lock
- ☐ None (GBS-negative and no pain medication)

Pain management:

- ☐ Epidural
- ☐ Breathing techniques
- ☐ Counterpressure
- ☐ Opioids
- ☐ Massage
- ☐ Hydrotherapy

Laboring tools:

- ☐ Birthing ball
- ☐ Squat bar
- ☐ Peanut ball
- ☐ Stool or chair

Delivery room atmosphere:

- ☐ Dim lights
- ☐ Music
- ☐ Aromatherapy
- ☐ Free movement
- ☐ Bright lights
- ☐ Quiet voices
- ☐ Clear liquids to drink

Fetal monitoring: ☐ Continuous ☐ Intermittent

Photography/videography: ☐ Yes ☐ No

DELIVERY

Delivery option:

- ☐ Lying on back
- ☐ Squatting
- ☐ Standing/leaning
- ☐ Lying on side
- ☐ Kneeling/all fours
- ☐ Water birth

Delivery interventions:

☐ Forceps ☐ Vacuum ☐ None if possible

Warm compress on perineum: ☐ Yes ☐ No

Episiotomy: ☐ Yes ☐ No ☐ No preference

Cord blood banking: ☐ Yes ☐ No ☐ No preference

Keep the placenta: ☐ Yes ☐ No

FOR BABY

Skin-to-skin:

☐ Yes: Me First ☐ Yes: Partner First ☐ No preference

Delayed Clamping: ☐ Yes ☐ No

Cord: _____

Vaccinations, vitamins and medicine:

☐ Hepatitis B ☐ Vitamin K ☐ Erythromycin

Feeding:

- ☐ Breastfeeding
- ☐ Bottle Formula
- ☐ Bottle: Donor Milk
- ☐ Combination

First bath: ☐ Delayed ☐ Bathe right away

Circumcision: ☐ Yes ☐ No ☐ Not applicable

Nursery: ☐ Upon request ☐ No

IN CASE OF C-SECTION

Vaginal seeding: ☐ Yes ☐ No

Drape: ☐ Full ☐ Clear ☐ Lowered

Monitoring devices: ☐ Out of my view ☐ No preference

Gentle Cesarean: ☐ Yes ☐ No preference

ADDITIONAL NOTES/COMMENTS

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