

Birth Plan: Checklist Style

Fill out this page according to your own wishes for your birth. Keep in mind that you might not be able to follow every wish on this page depending on hospital policy or if complications arise during your labor. Share your plan with your support team, practitioner, and labor nurse.

My Name:	
Due Date:	
Labor Companions:	
Healthcare Provider:	
Labor	\square I would like as much monitoring as possible.
☐ Dim Lighting ☐ Quiet	\square I prefer a method that allows me to remain mobile
☐ Play Music ☐ Wear my own clothing	\square Fetal monitoring in bed is fine with me.
☐ Bring things in from home like blankets or photos	
☐ Aromatherapy scents	Pain Relief
□ Video/photos taken by	Nonmedical Options
	\square Relaxation \square Changing positions/walking
Mobility	\square Visualization \square Massage \square Fitness ball
☐ I prefer to maintain all mobility, including walking and changing positions.	☐ Breathing ☐ Tub/shower ☐ Hot and cold packs Medical Options
\square I prefer to be able to move around in bed only and	□ Analgesic □ Epidural anesthesia
get up to use the bathroom.	\square I prefer that pain medication only be offered to me
☐ Mobility is not important to me, and I understand that if I get an epidural I may be confined to bed	at my request.
and need a urinary catheter to go to the bathroom.	Augmentation
	Methods to Speed Up Labor
Hydration and Nourishment	If my labor slows down, I would:
☐ I would like to eat light snacks and drink clear fluids whenever possible during labor.	☐ First like to try nonmedical methods like walking and using upright labor positions.
☐ It would not bother me to have an IV for hydration if necessary.	☐ Prefer that my practitioner breaks my bag of waters.
☐ I prefer a saline lock if the placement of an IV is required by my hospital, but no fluids or medication are needed during my labor.	☐ Prefer that my bag of waters breaks on its own.
	□ Not mind having an IV of Pitocin and understand the benefits and risks involved.
Monitoring	☐ Prefer to receive an IV of Pitocin only after all other methods are tried, and only if medically
☐ I prefer my baby to be monitored as minimally as	
possible.	necessary.