



# *Birth Plan*

THE PATIENT. ABOVE ALL ELSE.®



St. Luke's Birth Plan is a way of communicating your labor and birth preferences with your doctor or midwife and nurses in the hospital. Simply put, this is a listing of the choices and preferences you and your partner have about labor, birth and your hospital stay.

Bring this completed form back to you doctors office. We will review it with you to ensure that we understand your wishes.

We will all do our best to honor your plan. Your safety and your baby's safety are the top priority. It's best to be flexible as you draft your birth plan—look at it as a list of preferences that may need to be adjusted as labor progresses.

**My name:** \_\_\_\_\_

**Doctor or midwife:** \_\_\_\_\_

**Doula:** \_\_\_\_\_

**Support person(s):** \_\_\_\_\_

**Date completed:** \_\_\_\_\_ **Revised on:** \_\_\_\_\_

**I would like these people present in my private suite during labor:**

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**I would like these people present in my private suite during delivery:**

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**I want my delivery team to know:** (check all that apply)

- Privacy is very important to me
- I want the room quiet and relaxing
- I enjoy humor and a fun environment
- I want everything explained—always
- I don't have a strong preference and want to go with the flow
- Additional:

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**During labor I would like:** (check all that apply)

- To bring my own music to play
  - Dim lighting
  - The room as quiet as possible
  - As few interruptions as possible
  - To wear my own clothes
  - To stay hydrated with clear liquids and ice chips
  - To be offered an epidural as soon as possible
  - To be coached on when to push and for how long
  - To be mainly coached by my doula or partner (circle those that apply)
  - To view the birth using a mirror
  - To touch my baby's head as it crowns
  - Additional:
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**For pain relief I would like to try:** (check all that apply)

- Aromatherapy
  - Breathing techniques
  - Distraction (labor stool, birthing ball, etc.)
  - Massage
  - Nitrous oxide
  - IV medications
  - Epidural
  - Labor tub
  - Please don't offer me pain medications unless I ask for them (including an epidural)
  - Additional:
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**If I need a Cesarean section I would like:** (check all that apply)

- My partner to remain with me the entire time
  - The screen lowered so I can watch my baby come out
  - To hold my baby immediately after delivery
  - To breastfeed during recovery
  - Additional:
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**Right after delivery:** (check all that apply)

- We want to discover the sex of our baby ourselves. Don't tell us!
  - I'd like to hold my baby skin to skin immediately
  - I'd like my baby dried off before being brought to me
  - I'd like you to wait until the umbilical cord stops pulsating before it is clamped and cut
  - I'd like my partner to cut the umbilical cord
  - I'd like to delay newborn procedures (such as bathing and measuring) for the first hour to give me a chance to feed and bond with my baby
  - Additional:
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**If I have a boy, a circumcision should:** (check all that apply)

- Not be performed during hospital stay
  - Be performed
  - Additional:
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*(Note: Check if your insurance covers circumcision; many insurance companies do not.)*

**Regarding my baby:** (check all that apply)

- Please give my baby a bath for me
- Have my partner or me give the first bath
- I'm planning to feed only breast milk
- I'm planning to feed only formula
- I want to breastfeed and would appreciate a lot of support
- I want to be consulted before my baby is given a bottle or pacifier
- Please keep my baby with me at all times

**Other requests:**

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