Child Birth Plan | Plan till Execution

Full Name: Gynecologist Name: Child Specialist Doctor Name: Contact Details:

**Procedure Details:**

* I would like to be able to move around as I wish during labor.
* I would like to be able to drink fluids during labor.

## I prefer following medical options:

* An intravenous (IV) line for fluids and medications
* A heparin or saline lock (this device provides access to a vein but is not hooked up to a fluid bag)
* I don’t have a preference

**Allowed people during delivery: (Medical students or residents)**:

* It’s OK
* Not OK

**Accessories:**

* A birthing ball
* A birthing stool
* A birthing chair
* A squat bar
* A warm shower or bath during labor. I understand that a bath would be used only for the first stage of labor, not during delivery.

**Medical Treatment Options:**

* I do not want anesthesia offered to me during labor unless I specifically request it.
* I would like anesthesia. Please discuss the options with me.
* I do not know whether I want anesthesia. Please discuss the options with me.

# Birth Procedure:

**Preferred people during delivery:**

* I prefer to avoid an episiotomy unless it is necessary.
* I have made prior arrangements for storing umbilical cord blood.

**Vaginal birth options:**

* To use a mirror to see the baby’s birth
* For my labor partner to help support me during the pushing stage
* For the room to be as quiet as possible
* For one of my support people to cut the umbilical cord
* For the lights to be dimmed
* To be able to have one of my support people take a video or pictures of the birth.
* For my baby to be put directly onto my chest immediately after delivery
* To begin breastfeeding my baby as soon as possible after birth

## Cesarean delivery Options:

* I would like to see my baby before my baby is given eye drops.
* I would like one of my support people to hold the baby after delivery if I am not able to.
* I would like one of my support people to go with my baby to the nursery.
* I would like my support person to know what shots my newborn will receive.

# After Birth Care:

## First Feeding Options:

* Breastfeed exclusively
* Bottle-feed
* Combine breastfeeding and bottle-feeding

**Other Options:**

* A pacifier  Sugar water
* Formula  None of the above

## Nursery Options:

* In my room with me at all times
* In my room with me except when I am asleep
* In the nursery but be brought to me for feedings
* I don’t know yet. I will decide after the birth.

## Circumcision Option: (if a boy):

* If my baby is a boy, I would like him circumcised at the hospital or birth center.