



BIRTH PLAN

Name: _____

Support Person: _____

- AMG Obstetrics and Newborn Clinic **or** AMG Midwives

This Birth Plan can help you communicate your wishes about your labor and delivery, and your newborn's care. Some options on this form may not be available or may need to be modified depending on your situation. We encourage you to talk with your provider during your prenatal appointments about the options that are available to you.

During labor I would like:

- To play music that I provide
- My room quiet as possible
- The light dimmed
- The blinds open for natural light
- To use aromatherapy
- To wear my own clothes as long as possible
- To walk around

My plan for pain control is:

- To have an un-medicated birth. I will request pain medication, if desired
- To use comfort measures as long as possible before requesting pain medication
- To use pain medication during labor

I want to manage the discomfort of labor by using:

- Breathing techniques learned in class
- Massage
- Birthing ball
- Shower
- Changing positions
- Hot/cold therapy
- IV pain medication
- Epidural

During my labor and delivery, I would like to use these options:

- Positioning Preference (squatting, lying on side, hands and knees)
 - Desired Positions _____
 - Positions to avoid _____
- Birthing/squatting bar

- Use of a mirror
- To feel the top of the baby's head while pushing
- Help deliver baby
- Support person to assist with delivery
- Other: _____

If circumstances allow, in case of a cesarean birth:

- I would like _____ to be with me during surgery
- If possible, I would like music played in the operating room
- I would like my support person to take photos if staff consents
- I would like to be skin to skin with my baby and breastfeed as soon as possible

After my birth, I would like:

- To have a support person cut the cord

Baby's provider:

- Name of baby's doctor once discharged: _____

Feeding plan:

- I plan to breastfeed in the hospital
- I plan to formula feed in the hospital
- I plan to do both, breastfeed and formula feed
- I am unsure

Male circumcision preference:

- Yes (*Below is strictly preference only-the timing of the circumcision is based on the clinical status of baby*)
 - Prior to discharge
 - Outpatient in OB/Newborn Clinic
- No

Our routine care includes:

- Delayed cord clamping, 30 seconds is routine (please specify if you desire a different length)
- Skin to skin after delivery
- Encourage limitation of visitors during the first hour after delivery to allow for bonding and breastfeeding to be established
- Vitamin K shot, eye antibiotics and Hepatitis B vaccination to be given to baby (ask your physician or nurse for more information)
- Delayed bathing of baby for 8 hours

Please discuss questions or concerns with your nurse or provider.

Additional circumstances, wishes or concerns:
