

# Birth Plan Checklist

## A NOTE FROM NINA, THE BABY CHICK:

The best thing a pregnant person can do to have a better birth is to become informed. Entering your birthing room with the knowledge of what to potentially expect and what options are available to you, along with good support, helps you better advocate for yourself and your baby's needs. I created this birth plan checklist with this in mind for every mother so that they and their partners can feel confident and prepared for their baby's big day. Cheers to you and happy birthing!

## HOW TO USE THIS CHECKLIST:

This birth plan checklist by Baby Chick was not designed to be used as a birth plan template. Instead, it is a tool to help expecting parents learn their labor and birthing options so they can determine what they really want for their childbirth experience. We recommend using this as a worksheet. Learn about the different choices that are available to you, check the items that you prefer, discuss them with your doctor or midwife, and transfer the most important points to your Baby Chick Birth Plan template to create your perfect birth plan.

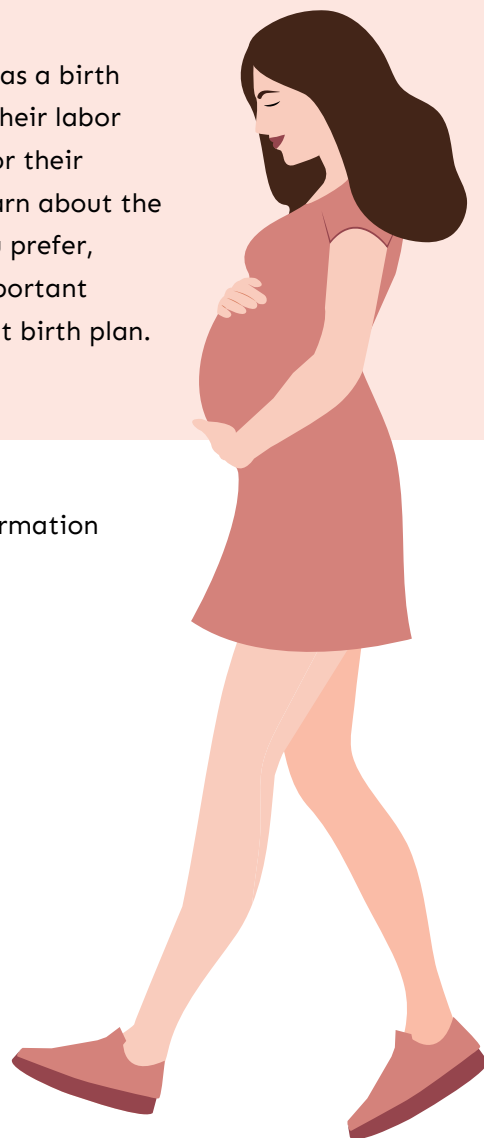
## IMPORTANT ISSUES, FEARS, OR CONCERNS

Consider sharing any fears, traumas, cultural concerns, or other information that could help personnel understand and respect your wishes.

## IMPORTANT HEALTH HISTORY INFORMATION

### I have:

- Group B Strep
- Gestational diabetes
- Been previously diagnosed with genital herpes
- Rh incompatibility with baby
- A fear of needles
- Experienced prior assault or birth trauma
- Experienced pregnancy or infant loss



### Delivery Preference

- Vaginal   
  C-section   
  Gentle C-section   
  Water birth   
  VBAC

### People I Want With Me During Labor

- Partner   
  Parents   
  Doula   
  Other children   
  Other: .....

## BIRTH ENVIRONMENT

- Please keep my birthing space dim with the door closed as often as possible.
- Please help us avoid unnecessary noise and visitors.
- We do not want any residents or students present during the birth.
- I would like to bring my own music to play during labor and delivery.
- I would like to wear my own clothing during labor and birth.
- I would like to use a birth ball and/or peanut ball to help me during labor.
- I plan on taking my own photographs and/or videos during labor.
- I plan on having a professional birth photographer taking photographs and/or videos during my labor.
- I would like to eat and drink freely as approved by my doctor or midwife.
  - Water     Ice chips     Juice     Broth     Popsicles     Jello     Honey sticks
  - Other: .....
- I would like access to a bath or shower during labor.
- Other: .....

## EARLY AND ACTIVE LABOR

### Pain Management Preferences

- I would like to utilize available technologies, medications, and procedures throughout labor; I want to receive pain medication when I arrive at the hospital.
- I would like to labor and give birth naturally, without pain medication. I would like to utilize relaxation techniques, movement, and other non-medical comfort measures before considering pain management medication.
- I prefer trying the following methods before being offered pain relief medication:
  - Hydrotherapy     Position Change     Rebozo     Aromatherapy
  - Massage     Breathing Techniques     Hypnosis     Relaxation Techniques
  - Hot/Cold Therapy     Counter Pressure     TENS Unit
  - Other: .....
- I prefer not to be offered pain relief unless medically indicated. If I feel that I need pain relief, I will request it, using my code word: .....

### Pain Medication Preferences

- I prefer managing my labor pain with Neuraxial analgesia or anesthesia (epidural, spinal, spinal block, combined spinal-epidural).
- I would like to manage early labor pain with sedative medications (Nembutal, Secondal).
- I would like to manage active labor pain with narcotic analgesics (Stadol, Nubain, Demerol, Sublimaze, Talwin; note: these medications are given through IV).
- I would like to manage early and active labor with tranquilizer medications (Phenergan, Valium, Sparine, Vistaril, Versed).
- I would like to temporarily manage pain during active labor with inhalation analgesia (nitrous oxide gas; note: ask your caregiver about availability).
- I would like to manage pain during pushing, crowning, and birthing stage with a local anesthetic (Perineal block, Pudendal block, Paracervical block).
- I would like to manage anxiety and pain throughout pre-labor and early labor with morphine.
- I prefer to be unconscious during labor and birth; I would like to use a general anesthetic in order to achieve this.

### Movement

- I prefer to stay in bed as much as possible during labor.
- I prefer to use continuous electronic fetal monitoring throughout labor.
- I prefer to use a doppler for fetal monitoring throughout labor.
- I prefer to utilize the maximum allowable freedom of movement during labor.
- In order to maximize mobility, I would like to avoid the following unless medically indicated and discussed:
  - IV fluid (I'd prefer access to food and drink throughout early and active labor)
  - Continuous electronic fetal monitoring (EFM)
- In the event that I must labor with EFM, I would like to utilize the following technologies, if available:
  - wireless EFM
  - waterproof EFM
  - intermittent EFM
- In the event that I may need IV fluid at some point during labor, I would like to discuss the use of a heparin lock (Hep lock) or saline lock in order to retain my maximum mobility.

### Induction & Augmentation

- If my labor progresses slowly, I prefer using self-help techniques to augment labor progress. I prefer not to augment my labor artificially or through medical technology unless medically indicated and discussed.
- I would like to use the following techniques before being offered medical augmentation options for a slowly progressing labor:
  - Change position
  - Nipple stimulation
  - Acupressure
  - Acupuncture
  - Bowel stimulation with Castor oil
  - Bowel stimulation with enema
  - Walking
  - Relaxation
  - Other: .....

- If my labor progresses slowly, I would like to augment the process through use of the following medical procedures:
  - Artificial oxytocin, Pitocin (note: this will be administered via IV)
  - Artificial rupture of the membranes (breaking the bag of waters).
- I prefer to let my bag of waters break spontaneously unless medically indicated and discussed.
- Once my bag of waters is broken, please limit vaginal exams as much as possible.
- In the event that my labor process must be induced, I would prefer to use the following method(s) for induction:
  - Cervical ripening agents (Prepidil gel, Cervidil suppository, Cytotec (misoprostol) tablet, Foley bulb (balloon dilator))
  - Sweeping the membranes
  - Artificial oxytocin, Pitocin (note: this will be administered via IV)
  - Artificial rupture of the membranes (breaking the bag of waters).

## PUSHING AND DELIVERY

### Pushing

- I would like to push lying on my back with my legs supported by people or stirrups.
- I would like to push in upright and semi-upright positions (standing, squatting, hands and knees) and I would like to be supported if I feel the need to change positions throughout the pushing stage.
- I would like to push in a birthing tub.
- If available, I would like to use a birthing stool, squat bar, or chair while pushing.
- I prefer coached pushing; please help me work through this part of labor.
- I prefer spontaneous, self-directed pushing.
- I would like to push with perineal support from my caregiver. I would like the following perineal support:
  - Warm compress on vaginal outlet
  - Oil lubrication of vaginal outlet
- As long as my baby and I are doing well, I would like to push for as long as I can before considering second stage pushing interventions for slow progress.
- I prefer to avoid an episiotomy and the use of vacuum extractor or forceps during delivery, unless medically indicated and discussed.
- I prefer to avoid an episiotomy unless there is fetal distress.
- I prefer a natural tear to episiotomy.

## Birth and Afterbirth

- When crowning, I would like to touch my baby's head.
- When crowning, I would like to see my baby with a mirror.
- I would like to help catch the baby.
- I would like my partner or support person help catch the baby.
- Once born, I'd prefer my baby be placed directly on my chest for skin-to-skin. In order to achieve this, I would like to avoid:
  - Placing baby in warmer unless medically indicated
  - Bulb suctioning immediately unless medically indicated
  - Drying baby
  - Swaddling baby
- When born, I would like my baby cleaned, dried, and then placed on my chest.
- When born, I would like my baby cleaned, dried, and taken to the nursery so I can rest and recover.
- I prefer delayed cord clamping; please do not cut the cord until it stops pulsating.
- I would like ..... to cut the cord.
- I will be banking the cord blood.
- I will be donating the cord blood.
- Unless I am bleeding excessively, I would prefer to avoid routine oxytocin/Pitocin after I deliver the placenta and deliver it spontaneously.
- I will be preserving/using the placenta; please do not dispose of the placenta.

## NEWBORN CARE

### Routine Procedures

- Please perform all routine newborn procedures.
- Please delay performing routine newborn procedures until an hour after birth.
- Please perform all necessary newborn procedures in my presence.
- Please do not perform the following routine newborn procedures:
  - Antibiotic eye ointment
  - Hepatitis B vaccine
  - First bath
  - Vitamin K injection (note: there are unique risks and necessary precautions when opting to avoid this routine; must discuss with caregiver).
- If baby is male, please:
  - do circumcise him      ● do not circumcise him



**Feeding**

- I will be feeding my baby formula.
- I will be breastfeeding and formula-feeding my baby.
- I will be exclusively breastfeeding my baby. In order to achieve this, please:
  - Do not offer baby a pacifier.
  - Do not supplement baby with any substance unless medically indicated.
  - Allow baby to room-in with me, not the nursery unless medically indicated.
  - Request that an IBCLC or other certified breastfeeding consultant visits with me and my baby after birth.

**UNEXPECTED LABOR EVENTS & CESAREAN BIRTH PLAN**

**Unexpected Labor Events**

- I understand that unexpected situations and/or complications may arise during my labor.
- In the event of unexpected labor events and/or complications, I prefer to exhaust all other options before having a C-section.
- In the event of unexpected labor events and/or complications, I prefer to defer to my primary caregiver (doctor or midwife) all decisions about my care.
- In the event of unexpected labor events and/or complications, I prefer to be able to make informed decisions about my own care and I would like to discuss any suggested intervention with my caregiver and my support person/people.
- In the case of suspected fetal distress indicated by fetal heart tones through electronic fetal monitoring, I would like to discuss the following fetal distress testing options with my caregiver:
  - Fetal scalp stimulation test
  - Fetal pulse oximetry
- Other concern(s): .....

**NICU Plan**

- If baby is rushed to the NICU, I would like ..... to go with baby and I would like ..... to stay with me.
- If my baby needs immediate care in the NICU, I would like support, encouragement, and instruction on expressing my colostrum (first breast milk).
- If in the NICU, I would like my baby to be fed my colostrum/breast milk exclusively, unless medically indicated and discussed.
- If in the NICU, I prefer that my baby be fed formula and/or other dietary supplements like glucose water.
- Other concern(s): .....

**Cesarean Birth Plan**

- In the case of Cesarean surgery, I would like the following support people allowed in the operating room (partner, doula, family members, or friend(s)):  
.....
- I would like to play my own music during surgery and birth.
- I would like to take photographs and/or video.
- To manage pain during surgery, I prefer:
  - General anesthesia    ● Regional anesthesia
- I would like my hands to be free (not strapped down) so I can touch and hold my baby.
- I would like to be as aware as I can of what is happening during surgery, in order to achieve this, please:
  - Tell me what is happening throughout surgery
  - Lower screen at birth so I can watch my baby come out
- Unless medically indicated, I would like to have baby placed on my chest, skin-to-skin, as soon after birth as possible.
- I would like to initiate breastfeeding as soon as possible.
- Other concern(s): .....

**NOTES:**
