This sample birth plan is designed to help you accomplish a “normal” birth. The Midwifery model of care believes a woman’s body has been perfectly designed for birth and in normal circumstances a baby can be born with minimal medical intervention. Midwives believe women are strong, capable, powerful and are able to manage the discomfort of labor; they do not need to be “rescued,” rather they need to be supported. Pregnancy and Birth should be a positive experience in a woman’s life. By taking the time to create a well-considered birth plan, you will ensure that your desires and preferences are known to all, including your care provider who should act as a true partner to you providing you the most individualized care possible.

Mother's name: __________________________
Partner's name: __________________________
Due Date: ________________________________
Care Provider's Name: _____________________
Other support people: _____________________
Place of Birth (Name of Hospital, Birth Center or address if home birth): _______________________

During Labor I would like:

☐ Low lighting
☐ Quiet room
☐ Music (I will provide)
☐ Vaginal exams only upon consent and as few as possible
☐ To wear own clothing
☐ To wear contact lenses/glasses the entire time
☐ Hospital staff limited to my care provider & nurses
☐ To use a birth tub/shower
☐ Unlimited freedom to move (walk, bathroom, use a rocking chair, fitness ball etc.)
☐ To eat and drink
☐ I.V. placement only if dehydration occurs
☐ If I.V. is necessary, please use a heparin lock so I can move about freely
☐ To avoid catheterization

I will be bringing:

☐ Birth Tub
☐ Birthing Stool
☐ Birthing Chair
☐ Squatting Bar
☐ Other ________________________

Monitoring Preferences:

☐ Intermittent monitoring (Fetoscope, Doppler, etc.)
☐ No continuous fetal monitoring
☐ No internal fetal monitoring unless emergency
Birth Plan

Labor Induction/Augmentation Preferences:

☐ First attempt with natural methods such as Nipple Stimulation or Castor Oil
☐ No induction unless medically necessary
☐ No augmentation unless medically necessary
☐ I prefer my amniotic sac be allowed to rupture on its own

Pain Relief Preferences:

☐ Relaxation techniques
☐ Hot or cold compresses
☐ Positioning techniques
☐ Water therapy (bath, shower)
☐ Massage
☐ Accupressure
☐ Hypnotherapy
☐ Doula support
☐ Other ___________________

During and Immediately following Delivery I would like to:

☐ Push spontaneously/without time limits
☐ Avoid forceps usage
☐ Avoid vaccum extraction
☐ Help catch the baby myself
☐ Have my partner catch the baby
☐ Avoid episiotomy unless an emergency
☐ Give birth in the tub as long as baby is doing well
☐ Have partner to cut the umbilical cord
☐ Delay cord clamping/cutting until pulsating ceases
☐ Deliver placenta spontaneously and without assistance
☐ Have my baby immediately place on my chest
☐ Breastfeed as soon as possible after delivery
☐ Have baby placed on my chest with blankets if warming is needed
☐ Other_______________

If Cesarean Section is Needed, I would like the following:

☐ To ensure all other options have been exhausted
☐ My partner/other support to remain with me the entire time
☐ The screen lowered so I can see baby come out
☐ My hands free so I can touch my baby
☐ The procedure explained to me as it is happening
☐ To hold the baby as soon as possible
☐ To breastfeed in the recovery room
Birth Plan

Baby Care Preferences:

☐ I would like my baby to room in
☐ I would like my baby's first bath given by me at home

I would like to Feed Baby:

☐ Only with breastmilk
☐ With the help of a lactation specialist

I would like Medical Exam & Procedures:

☐ Given in my/my partner's presence
☐ Given after we've bonded

Please do not give Baby:

☐ Vitamin K
☐ Antibiotic eye treatment
☐ Hepatitis B Vaccine
☐ Formula
☐ Water
☐ A pacifier

If we have a boy, circumcision should:

☐ Be performed
☐ Not be performed
☐ Be performed at a later time
☐ Be performed in the presence of me/my partner

We thank you in advance for your support and attention to our birth and delivery choices. We are looking forward to a wonderful birth.

Mother's Signature __________________________________________ Date ______________________

Partner's Signature __________________________________________ Date ____________________