MIDWIVES OF NEW JERSEY

Serving Women, Honoring Birth.

Birth Plan

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: _____

Care Provider's Name: _____

Partner's name: _____

Other support people: _____

Due Date: _____

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

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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

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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 Medical Exam & Procedures:

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

I would like to Feed Baby:

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

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 _____