

# BIRTH PREFERENCES FOR OBSTETRIC PATIENTS

Congratulations on your upcoming delivery! A birth plan is a document that lets your health care team know your preferences for labor and delivery. Please review and discuss your birth plan with your health care provider to ensure that everyone is aware of your wishes. Please know that your birth plan is important to our team. If there are safety concerns during your stay, your health care team will keep the health and safety of both you and your baby top priority to guide any necessary changes.



## PERSONAL INFORMATION

Name you prefer to be called: \_\_\_\_\_  
Preferred pronoun(s): \_\_\_\_\_  
Support person's name: \_\_\_\_\_

## LABOR PREFERENCES

**Support persons present** (three visitors allowed, but they can rotate throughout your stay):

Partner's name: \_\_\_\_\_  
 Doula's name: \_\_\_\_\_  
 Family member(s); specify name and relationship: \_\_\_\_\_

Friend(s); specify name and relationship: \_\_\_\_\_

### Environment

We strive for dimmed lighting with minimal interruptions whenever possible. We welcome music during your stay, but please bring your own playlist. If your delivery is low risk, we work to have a quiet delivery to allow you to hear your baby's first breath.

Additional requests: \_\_\_\_\_

### Pain relief

Natural pain relief methods (e.g., breathing, massage, etc.)  
 Epidural  
 Nitrous oxide  
 IV pain medication  
 Other: \_\_\_\_\_

This birth plan is designed to help communicate your wishes and preferences for labor and delivery. Please remember that the safety of you and your baby is the top priority, and flexibility may be necessary depending on the circumstances.

We look forward to supporting you in this special moment. If you have any questions or need further assistance, please contact us.

This template should be customizable to suit your individual patient needs and preferences.

## LABOR & DELIVERY PREFERENCES

### Monitoring your baby's heart rate

This monitoring will be based on keeping you and your baby safe. Your health care team will work to keep you fully informed on safe alternatives, depending on your personal medical history and the medication being given during your delivery.

### Options for low-risk delivery

Intermittent fetal monitoring  
 Continuous fetal monitoring  
 Mobility  
 Freedom to move around  
 Use of birthing ball  
 Use of birthing stool

### Hydration

Clear fluids  
 Ice chips  
 IV fluids only if necessary  
 Food, if able

### Interventions

Induction/augmentation:

Only if medically necessary  
 Open to discussion

Episiotomy: It is not our standard practice to perform episiotomy, and it would be done only in an urgent situation and following clear consent being provided. We follow the American College of Obstetricians and Gynecologists, where episiotomy is done only in situations when fetal complications require urgent delivery for fetal distress.

Avoid if possible: \_\_\_\_\_

## FINAL NOTES

## DELIVERY PREFERENCES

### Positions

Upright  
 Squatting  
 On hands and knees  
 Side-lying

### Pushing

Spontaneous pushing  
 Directed pushing

### Cord cutting

Name of person you would like to cut the cord: \_\_\_\_\_

Delayed cord clamping greater than 30 seconds (it is our routine practice)

### Cesarean section

Partner present  
 Clear drape to view delivery  
 Skin-to-skin in the operating room, if possible

## EMERGENCY SITUATIONS

If you need to undergo an emergency cesarean, we work to use your existing epidural, or spinal anesthesia. In the rare event when general anesthesia is necessary, for your patient safety, only TGH surgical team members will be in the operating room.

## AFTER DELIVERY

### Immediate care

Immediate skin-to-skin contact  
 Delay routine newborn procedures

### Breastfeeding

Initiate breastfeeding as soon as possible  
 Lactation consultant present, if needed

### Newborn procedures

Delay first bath  
 Vitamin K injection  
 Hepatitis B vaccine  
 Eye ointment

### Signature:

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

