



GRAND RAPIDS

African American
Health Institute

My Birth Plan

My Personal Information

Name:	Contact Number
Birth Partner's Name:	Birth Partner's Contact Number:
Baby's Due Date:	
Email Address:	
Name of Obstetrician/Midwife:	
Other Birth support (doula/other family)	
Special Dietary requirements for me:	
Special Dietary requirements for my Birth Partner:	
My Length of Stay in hospital:	
<input type="checkbox"/> I would like to go home from the Birth Unit with home visits from a midwife	
Any other special needs for me/birth partner? (language, religion, disabilities, etc)	

My Labor & Birth

<p>Environment</p> <p><input type="checkbox"/> Dim Lights</p> <p><input type="checkbox"/> Quiet Music</p> <p><input type="checkbox"/> Aromatherapy</p> <p><input type="checkbox"/> Wear my own clothes</p> <p><input type="checkbox"/> Other</p>	<p>Monitoring My Baby's Heartbeat</p> <p><input type="checkbox"/> If I require continuous monitoring, I prefer telemetry (cordless), so I can remain active and mobile</p> <p><input type="checkbox"/> I am happy to be monitored intermittently</p>								
	<p>Vaginal/Cervix Examinations</p> <p><input type="checkbox"/> I prefer minimal examinations</p> <p><input type="checkbox"/> I am happy for examinations as deemed necessary by staff</p>								
<p>Relaxation and Comfort during labor</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> massage</td> <td><input type="checkbox"/> bath</td> </tr> <tr> <td><input type="checkbox"/> shower</td> <td><input type="checkbox"/> fit ball</td> </tr> <tr> <td><input type="checkbox"/> bean bag</td> <td><input type="checkbox"/> warm packs</td> </tr> <tr> <td><input type="checkbox"/> acupressure</td> <td><input type="checkbox"/> hypnotherapy</td> </tr> </table>		<input type="checkbox"/> massage	<input type="checkbox"/> bath	<input type="checkbox"/> shower	<input type="checkbox"/> fit ball	<input type="checkbox"/> bean bag	<input type="checkbox"/> warm packs	<input type="checkbox"/> acupressure	<input type="checkbox"/> hypnotherapy
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<p>Pain Relief</p> <p><input type="checkbox"/> Do not offer me pain relief- I will ask if I want pain relief</p> <p><input type="checkbox"/> Only offer pain relief if I appear uncomfortable</p> <p><input type="checkbox"/> Please offer pain relief as soon as medically possible</p>									



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Assisted Birth

- Forceps
- Caesarean section
- Ventose
- Unsure

Mobility During Labor

- I would like to keep active during labor if medically possible (walking, fit ball, etc.)
- Mobility is not important to me

Episiotomy

- I do not want an episiotomy unless there is an emergency
- If indicated, an episiotomy is acceptable

Position/s for labor and birth

- walking
- squatting
- kneeling
- birth stool
- standing
- lying down
- sitting
- water birth

Medical Pain Relief Options

- I prefer to manage without medical pain relief options
- gas (nitrous oxide)/air
- epidural
- sterile water injections for back pain
- morphine
- other

Caesarean (in the event that a caesarean section is deemed necessary, I would like the following:)

- birth partner present
- photos/video
- screen lowered at birth
- delayed cord clamping
- I want my baby placed on my chest immediately after birth (skin-to skin)
- I do not want to be separated from my partner & baby
- I would like the procedure described to me as it is happening
- I would like quiet music playing

Birth

- I would like to touch my baby's head when it crowns
- I would like a mirror available to view the pushing/crowning/birth
- I do not want to be told my baby's sex- I want to discover first hand
- I would like my partner/support person to receive my baby as I give birth

Immediately following birth

- I want my baby placed on my chest immediately after birth (skin-to-skin)
- Delay cord clamping and cutting until pulsating ceases
- I would like to cut my baby's cord
- I would like my family member/birthing partner to cut the cord
- I would like to hold my baby while the placenta is delivered
- I would like to have a Syntocinon injection to reduce bleeding
- I would like my baby to be examined in my presence or have my birth partner present at all times



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My Baby's Care

If my baby needs to go in a special care nursery due to medical reasons:

- I would like to breastfeed/express breast milk for my baby
- Assistance to nurse my baby skin-to-skin
- Other requests:

Feeding my baby

- I wish to breast feed
- I wish to formula feed, with my formula being _____

Vitamin K for my baby

- I would like my baby to have the single injection of Vitamin K
- I would like my baby to have oral Vitamin K

Placenta Options

- I would like to discuss my options to keep my placenta

Hepatitis B for my baby

- I would like my baby to be vaccinated with Hepatitis B vaccine before discharge

Your signature

Date:

Healthcare Provider's Name:

Healthcare Provider's Signature:

Date: