

Birth Planning

When it comes to birth, there are so many different aspects to consider. This is a comprehensive list of many different possibilities. You will find them both in checklist form and in written form. They are similar but just in different formats. Please choose the planning tool that works best for you. The written plan can also be used as a journaling prompt as well!

As you work through these lists, think of them almost like a wish list. This is helpful because not everything happens the way we plan, but what we want to happen should still be uplifted and recognized.

It's also important to remember that not all items are relevant to everyone, and that there may even be items that you do not wish to make a decision for in advance. All of this is normal and ok, as this is simply a guide and exposure to some possibilities that may come up in your birth experience!



Written Birth Plan

This section is a written narrative. This can be your birth plan, or it can be a way to think through what your birth can look like. Remember, this is all about you - so write everything you want to include!

- 1) Where are you planning to birth? Who do you want to be there? Who will you tell that the birth process has started? Who will you want to keep in the know as things progress? What do these communications look like, if any?

- 2) Consider the birthing space. What does it look like (lights, pictures, flameless candles, an altar, uncomplicated, etc)? What does it sound like (music, quiet, headphones, meditation, etc)? What does it feel like (your own clothes v. hospital, slippers, massage tools, touch, temperature control, etc)? What does it smell like (aromatherapy, essential oils, unscented)? What tastes come to mind (snacks, temperature of drinks, things to suck on, etc)?

- 3) Consider the labor process. Who is there? What support do you need? What does it sound like? What words will be ones of support and encouragement? How will you make decisions? How will you approach pain management? What does advocacy look like for you?

- 4) Consider the actual birth. Who is involved? What is your involvement? What position(s) do you want to be in? How much do you want to know? Or see? How will you make decisions when things need to be decided quickly?

- 5) Consider post delivery. Where will baby be and with whom? Who will be with you? What does placental delivery look like? What information do you want to know about baby? What information is announced? What birthing parts will you take with you, if any (cord donation or preservation, placenta).

- 6) What do you want for baby post delivery? Vaccinations, prophylactics, skin to skin, nurse right away, bottle right away, etc.

- 7) What does recovery look like? Where is recovery? Who is there? What do you need? What will you eat, drink? Where will baby stay? How will you feed baby?

8) What does baby's first few days look like? What medical decisions will you make for them (circumcision, bathes, vaccinations, sugar testing, blood tests, UV lights, etc).

9) What does your first day at home look like? Who is there? What do you want to have ready? What will be your first meal?

10) What do those first two weeks postpartum look like? Who will be around? Where will baby sleep? Where will you sleep? What does perineal care look like? What food will you eat? If you have pets or other children, where will they be? What support do you need?

Birth Plan Checklist

The following is a list of labor and birth options, check or circle those that are relevant to you. You can also rank items if applicable.

Logistics:

I want to share the baby's due date with others. Exceptions: _____

I plan to have my birth in

a hospital

a birth center

at home.

My birthing provider is/are: _____ Provider's name: _____

a midwife

family medicine provider

an OBGYN.

I am GBS

positive

negative.

My doula's name and phone number is _____.

If applicable, during labor and delivery, _____ will watch my other children and/or _____ will watch my pets.

Birthing Space:

The people who will attend the labor and birth are _____.

I do not want medical students to participate in my labor and birth.

In my birth space, I plan to use (circle all that apply):

Music

Dim lighting

Encouragement from my partner

Tub

Keepsakes from home

Encouragement from providers

Flameless candles

Silence

Massage tools

And/or _____.

If birthing in a hospital, I wish to wear my own clothes instead of the hospital gowns.

I want photos taken of me in labor/birth/after birth. If I do want photos,

_____ will take them and the following pictures are off limits:

_____. Phone passcode for camera use: _____

Labor:

If there is a need for a change to my birth plan, _____ will make that decision

- with me
- for me

I plan to:

- labor at home as long as possible
- head in early to my birth place to settle in
- have the baby at home
- schedule the birth

During labor, I want to:

- Keep outside people updated on my progress
- Talk to no one

The items that I plan to use for comfort include:

- | | | | |
|-----------------|---------------|---------|------|
| Shower | Birthing ball | Massage | Bath |
| Essentials oils | Rebozo | Music | Food |

The pain management I choose (in numerical order);

- _____ no medications
- _____ nitrous oxide
- _____ an epidural
- _____ other: _____.

- I want to be asked if I want an epidural OR,
- I want the providers to wait for me to ask for one.

I want baby to be monitored

- intermittently
- constantly, when possible.

I want my membranes to be ruptured:

- naturally
- artificially

- I do not want an episiotomy

If contractions stall, I want to try:

- nipple stimulation
- movement like walking
- medication support like pitocin,
- and/or _____.

If the baby is not descending, I want:

- provider intervention
- to try different body positions
- a cesarean
- I want minimal cervical checks/pelvic exams during labor.
- I want to use a mirror to see my progress, and/or to watch the delivery.
- I want to touch baby's head when crowning
- I want to be reminded to watch the birth.

My advocates during labor and birth include: _____.

Pushing and Birth:

I want to:

- wait for the urge to push
- to push at 10cm if it's safe to do so.

I want:

- counting to happen during pushes
- to do instinctive pushing.

Upon delivery, I want _____ to catch the baby.

I want the umbilical cord:

- clamped right away
- clamped when it is no longer pulsing
- clamped after _____ minutes.
- I do not want the sex of the baby to be announced

If the baby must be tended to immediately after delivery, I want my partner to

- stay with me
- stay with the baby
- I want to see the placenta after delivery
- I plan to take the placenta with me, or want it preserved for pick up by

After birth, my contraception choice is

_____.

Baby's Care:

After birth, for the baby I want:

- prophylactic eye cream
- vitamin K
- Hepatitis B vaccine.

If the baby has a penis:

- I want them circumcised
- I do not want them circumcised

The pronouns I want you to use for the baby include: _____

I do not want my baby to use a pacifier.

I plan to:

- chest feed
- use formula
- pump and bottle feed
- a combination of methods

If latching is difficult, I'd like to try:

- a consultation with a lactation specialist
 - a nipple shield
 - to pump or hand express and use a bottle
 - to use formula and bottle feed
- I want the baby to stay with me at all times.
- For blood tests and exams for the baby, I want to be present.
- I do not want my baby to have a bath at the hospital.

The baby's pediatrician's is _____.

These following items can be left off a hospital labor and birth plan, as they are most relevant to postpartum at home.

Birth Person’s Recovery and Post Delivery Plan:

- If applicable, I want to wear my own clothes from home during my postpartum stay.
- I want my first meal post delivery to be _____.
- I would like visitors at the hospital, if allowed or in my home those first few days.

Other things to consider:

My food plan for those first few weeks at home includes:

- | | |
|--------------------------------|----------------------|
| Friends/family delivering food | Takeout |
| Meals prepared at home | Meals already frozen |

- I want to announce the arrival of the baby.
- I would like to invite visitors to my home after _____ days/week/months.

I am asking for visitors to (circle all that apply):

- | | |
|----------------------------|-------------------------------------|
| Wear a mask | Be vaccinated against COVID |
| Be vaccinated against TDAP | To be tested the same day for COVID |
| Not touch the baby | Not kiss the baby |

And/or _____.

When visitors come to my home, the things I need from them include:

- | | | |
|------------------------|----------------------|-------------------------------|
| Help around the house | Hold the baby for me | Bring food or snacks |
| To talk with me | Tend to my pet(s) | Play with my other child(ren) |
| Watch baby while I nap | Do the dishes | Help with laundry |

Others: _____.

- I do want to talk about my labor and birth with others. I do not welcome questions about _____.

Some comfort and self-care to consider during postpartum include:

- | | | |
|-----------------|--|-------------------------|
| Comfy underwear | Nipple cream | Belly cream or lotion |
| Sitz baths | Warm showers | Aromatherapy |
| Essential oils | Foot baths | Ice pack menstrual pads |
| Therapy | Pelvic floor therapy | Naps |
| Time alone | Acupuncture | Chiropractics |
| Lactation group | Parenting group | Walks |
| Sunshine | Going out somewhere sans baby, like lunch or a store | |

Packing Checklist for the Birthing Center Stay:

- Car seat - installed
- Warm blanket and hat for baby
- Going home outfit for baby
- Diapers from home
- Clothes for you and partner
- Swimsuit for partner, if planning a water birth
- Supportive bra/nursing bra
- Nursing pads and cream
- Underwear
- Comfy socks
- Deodorant
- Toothbrush and toothpaste
- Shampoo and soap
- Hair brush
- Any medications I or my partner need
- Hair ties or headbands
- Chapstick
- Glasses, contact lenses
- A list of numbers to call during labor and for afterwards
- Contact information for my doula
- Money and/or credit cards
- Snacks
- Food for partner
- Water bottle(s)
- Phones and chargers
- Breast pump, if applicable
- Any scents or lotions I love
- Music, headphones
- Flameless candles
- Photographs
- Items for an alter
- Pain relief resources or tools to bring: massage tools, massage oil (unscented), ice pack, heat packs, rice socks, medication, acupressure, essential oils, labor ball, rebozo, hypnobirthing