

Sample Birth Plan for My L&D Nurse(s)

My Name (legal and preferred) (your pronouns)
Partner's Name (legal and preferred) (their pronouns)
OB/Midwife
Doula's Name (their pronouns)
EDD (Due Date)
Pediatrician
Allergies or medical issues

- If labor slows, I prefer nipple stimulation and intimate contact to Pitocin augmentation
- I prefer artificial rupture of membranes to Pitocin if the baby is low and in a good position
- I will sign a waiver so that I can eat and/or drink during labor when I'm hungry
- Please offer an explanation of pain relief alternatives before suggesting an epidural
- If I ask for an epidural I want my support people to _____ (see epidural agreement)
- I prefer wired rather than wireless monitoring
- I prefer intermittent rather than continuous external fetal monitoring
- I want to push with my urges and will only do breath holding pushing if there's a medical emergency
- I want to pushing in whatever position is most comfortable and change positions as needed
- Please apply warm compresses to my perineum during pushing. I don't want any perineal massage
- If I have to have a surgical birth, please allow my partner AND my doula in the OR
- **Absolutely NO Routine deep suctioning of baby's airways if the baby is able to cry**
- Please help me avoid separation or interruption during the "golden hour" for weighing or other non-essentials
- I want the baby to have as much skin-to-skin contact as possible for the first 18 hours, with me or my partner
- I will waive the erythromycin in my baby's eyes **OR** I prefer that you wait until after baby's first breastfeeding session
- Please give the baby the Vitamin K injection when they are breastfeeding on my left breast **OR** I will waive the Vitamin K injection
- I will be encapsulating the placenta or taking it home. Please do not inject it with Formalin