

About-Me Birth Plan Example

BIRTH PLAN FOR: _____

CARE TEAM: _____

PEDIATRICIAN: _____

ABOUT ME

First-time mom

No allergies

Asthma

GBS & RH Negative

Membranes striped 05/21

ABOUT BABY

Sex is unknown

Measured slightly larger at last visit

Partner will tell me Baby's sex

LABOR

Prefer own clothes to gown

Partner & mom allowed

Prefer to be unmedicated

Allow me to ask for pain meds if needed; do not offer

Would like to be free to move around

DELIVERY

Prefer mom to leave at this point

Quiet coaching

Warm compresses on perineum

Natural tearing over episiotomy

Partner to catch baby, if allowed

Delayed cord clamping

IF C-SECTION IS NEEDED

Clear drape

Narrate what's happening

Partner & mom to be present

If I can't do skin-to-skin, allow partner

NEWBORN CARE

Immediate skin-to-skin

Delayed bath

No circumcision if boy

Yes to all vaccines, Vitamin K, and eye ointment

No paci

Exclusive breastfeeding

If needed, donor milk over formula

