

# Let's get started: Planning your birth



Your baby's birth is a special event, and we want it to be everything you wish for. Please fill out this form so we can know your expectations for labor, in-person support, your baby's first moments, and more. This form will become part of your medical chart.

Your provider will review the form with you, and advise you of any special policies or concerns that may affect your plan, so if needed, you can consider alternatives.

## Support during labor and birth

Who will be your main support person? Name and phone number: \_\_\_\_\_

If you need to have a cesarean birth, will your main support person be with you? ☐ Yes ☐ No  
(In rare cases this won't be possible.)

Please write the name of any other person who is important to have with you:

During labor \_\_\_\_\_

At the time of birth \_\_\_\_\_

If the baby's siblings are going to be present during labor and/or birth, please list name(s)/age(s) and their health care provider.

Name/age _____	GUARDIAN DURING VISIT	HEALTH CARE PROVIDER
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Name/age _____	GUARDIAN DURING VISIT	HEALTH CARE PROVIDER
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Do you want the nurses to help you and your partner control the number of visitors? ☐ Yes ☐ No

## Birth environment

Describe the environment you and your partner hope to create: \_\_\_\_\_

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Do you plan to film the birth? ☐ Yes ☐ No (Most hospitals have policies that may prohibit filming the delivery of your baby.) If so, have you talked about it with your health care provider? ☐ Yes ☐ No

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## Pain management

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There are several ways to manage pain during labor. Check the ones you might be interested in, and talk with your health care provider about your choices.

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|--|---|
| <input type="checkbox"/> Be able to change position and walk around  | <input type="checkbox"/> Medicines, anesthesia only at mother's request |
| <input type="checkbox"/> Relaxation, breathing, and comfort measures | <input type="checkbox"/> IV pain medicine                               |
| <input type="checkbox"/> Whirlpool or shower                         | <input type="checkbox"/> Epidural when labor allows                     |

## Your preferences for your baby's birth and care

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Birth position: ☐ Lying on your back ☐ Lying on your side ☐ Semi-sitting ☐ Sitting upright ☐ Squatting  
☐ Other

- |   |  |
|---|--|
| <input type="checkbox"/> If possible, avoid episiotomy.                     | <input type="checkbox"/> Plan circumcision after we leave the hospital.  |
| <input type="checkbox"/> Hot compresses or perineal massage for stretching. | <input type="checkbox"/> I plan to breastfeed. We recommend that you: <ul style="list-style-type: none"><li>- Start breastfeeding as soon as possible after birth, in the first hour if possible.</li><li>- Breastfeed whenever baby shows signs of hunger.</li><li>- Avoid any supplements (such as water, glucose water, formula, or pacifier) unless there is a medical reason.</li></ul> |
| <input type="checkbox"/> Partner cuts cord.                                 |  |
| <input type="checkbox"/> Mother/support person give the first bath.         |  |
| <input type="checkbox"/> No circumcision.                                   |  |
| <input type="checkbox"/> Plan circumcision before we leave the hospital.    | <input type="checkbox"/> I plan to formula feed.   |

## Your personal wishes

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Do you have any cultural, religious, traditional, or other personal wishes you'd like your team to know?  
Please tell us:

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