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

Name/age ____________________________________________________________ GUARDIAN DURING VISIT HEALTH CARE PROVIDER

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Continued on back
Pain management

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.

☐ Be able to change position and walk around  ☐ Medicines, anesthesia only at mother’s request
☐ Relaxation, breathing, and comfort measures  ☐ IV pain medicine
☐ Whirlpool or shower  ☐ Epidural when labor allows

Your preferences for your baby’s birth and care

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

☐ If possible, avoid episiotomy.
☐ Hot compresses or perineal massage for stretching.
☐ Partner cuts cord.
☐ Mother/support person give the first bath.
☐ No circumcision.
☐ Plan circumcision before we leave the hospital.

☐ Plan circumcision after we leave the hospital.

☐ I plan to breastfeed. We recommend that you:
  - Start breastfeeding as soon as possible after birth, in the first hour if possible.
  - Breastfeed whenever baby shows signs of hunger.
  - Avoid any supplements (such as water, glucose water, formula, or pacifier) unless there is a medical reason.

☐ I plan to formula feed.

Your personal wishes

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

© Kaiser Foundation Health Plan of Washington   GP0002040-50-17