

# My Birth Preferences

My name: \_\_\_\_\_

Partner/support person name: \_\_\_\_\_

Baby name: \_\_\_\_\_

Others in the delivery room: \_\_\_\_\_

OB provider/clinic: \_\_\_\_\_

Emergency contact (name/phone): \_\_\_\_\_

## Labor

- ☐ Move around during labor
- ☐ Eat and/or drink during labor
- ☐ Wear my own clothes instead of a hospital gown
- ☐ Have intermittent fetal monitoring if possible
- ☐ Progress naturally through labor and augment my labor only if necessary
- ☐ Have an epidural and/or other pain medication
- ☐ I do not want anesthesia offered to me during labor unless I specifically request it
- ☐ Take photos (I understand that video is not allowed under hospital policy)
- ☐ I would like to take a shower or bath during labor (I understand water immersion is allowed only in the first stage of labor, not during pushing or delivery)

## I would like to use the following while laboring:

- ☐ Birthing tub
- ☐ Birthing ball
- ☐ Peanut ball
- ☐ Squatting bar
- ☐ Acupressure (spikey ball or comb)
- ☐ Dim Lights
- ☐ Music or white noise
- ☐ Aromatherapy or essential oils



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## Delivery

- ☐ Delay clamping and cutting of the umbilical cord
- ☐ Have my support person cut the cord
- ☐ Have skin-to-skin contact with my baby immediately after delivery
- ☐ Start breastfeeding as soon as possible
- ☐ Have my partner or support person go along if my baby needs to be taken for medical treatment
- ☐ I want to keep my placenta
- ☐ I will be banking my baby's cord blood

## If I have a vaginal birth, I would like to:

- ☐ Use a mirror to see my baby's head when pushing
- ☐ Touch my baby's head as it crowns

## If I have a C-section, I would like to:

- ☐ Have my support person in the operating room
- ☐ Have my baby placed on my chest immediately

## Baby Care

- ☐ Stay in the room as much as possible
- ☐ Breastfeed exclusively
- ☐ Formula-feed exclusively
- ☐ Breastfeed and formula-feed
- ☐ I would like to see a lactation consultant
- ☐ I would NOT like to see a lactation consultant
- ☐ I plan to circumcise my baby boy
- ☐ Receive all the recommended medications (vitamin K, eye ointment, hepatitis B vaccine)

## Other Requests:

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\*I understand that this birth plan outlines my preferences, which will be considered and accommodated whenever medically safe and consistent with hospital policies, always prioritizing the well-being of myself and my baby.