

Welcome to our Birth Plan Creator! Please select your preferences to customize your birth experience. You can print or save your completed plan to share with your healthcare team.

1. General Information

- **Your Name:**
 - **Estimated Due Date:**
 - **Hospital/Birth Center:**
 - **Healthcare Provider:**
 - **Support Person(s):**
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2. Labor and Delivery Preferences

- **Birth Environment:**
 - Dim lighting
 - Music playing (provide your own)
 - Essential oils/diffuser
 - Limited visitors in the room
- **Pain Management Preferences:**
 - Breathing techniques
 - Massage (by support person)
 - Hydrotherapy (shower)
 - Epidural
 - IV pain medication
- **Movement Preferences During Labor:**
 - Walk around freely
 - Use a birthing ball
 - Stay in bed
- **Fetal Monitoring Preferences:**
 - Intermittent
 - Continuous

- I have no preference
 - **Labor Augmentation Preferences (if needed):**
 - Medical interventions as necessary
 - Open to Pitocin if needed
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3. Delivery Preferences

- **Birth Preferences:**
 - Coached pushing
 - Spontaneous pushing
 - **Assistance Preferences:**
 - Avoid episiotomy unless necessary
 - Discuss the use of forceps/vacuum if necessary
 - Open to interventions if needed for safety
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4. Cesarean Birth Preferences (if applicable)

- My partner/support person to be present if possible
 - Gentle cesarean (immediate skin-to-skin if possible)
 - Support person to stay with baby if the baby has to leave
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5. Immediate Postpartum Preferences

- **Cord Clamping:**
 - Delayed cord clamping
 - Immediate cord cutting
 - My partner/support person will cut the cord
- **Skin-to-Skin Contact:**

- Immediately after birth
 - After initial medical checks
 - **Feeding Preferences:**
 - Breastfeeding
 - Formula feeding
 - Combination feeding
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6. Newborn Care Preferences

- **Newborn Procedures:**
 - Vitamin K shot
 - Erythromycin eye ointment
 - Hepatitis vaccine
 - Newborn screenings
 - First bath in the hospital
 - **Circumcision (if applicable):**
 - Yes
 - No
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7. Special Considerations

- **Cultural or Religious Preferences:**
 - **Any Allergies, Medical Conditions, or Past Birth Trauma:**
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I appreciate that Midland Memorial Hospital provides couplet care, ensuring that my baby stays with me at all times unless admission to the neonatal ICU is necessary. I understand that this birth plan serves as a guide to my preferences. I also recognize that birth can be unpredictable, and sometimes, things may not go as planned.

No matter what happens, I trust that we are in compassionate and capable hands, and I am grateful for the care and support of our medical team.