the bump from the knot birth plan

Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

Full name: _____ Partner's name: _____

Today's date: _____ Due date/Induction date: _____

Doctor's name: _____ Hospital name: _____

Please note that I:

- ☐ Have group B strep
- ☐ Am Rh incompatibility with baby
- ☐ Have gestational diabetes

My delivery is planned as:

- ☐ Vaginal
- ☐ C-section
- ☐ Water birth
- ☐ VBAC

I'd like...

- ☐ Partner: _____
- ☐ Parents: _____
- ☐ Other children: _____
- ☐ Doula: _____
- ☐ Other: _____

...present before AND/OR during labor

During labor I'd like...

- ☐ Music played (I will provide)
- ☐ The lights dimmed
- ☐ The room as quiet as possible
- ☐ As few interruptions as possible
- ☐ As few vaginal exams as possible
- ☐ Hospital staff limited to my own doctor and nurses (no students, residents or interns present)
- ☐ To wear my own clothes
- ☐ To wear my contact lens the entire time
- ☐ My partner to film AND/OR take pictures
- ☐ My partner to be present the entire time
- ☐ To stay hydrated with clear liquids & ice chips
- ☐ To eat and drink as approved by my doctor

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I'd like to spend the first stage of labor:

- [ ] Standing up
- [ ] Lying down
- [ ] Walking around
- [ ] In the shower
- [ ] In the bathub

I'm not interested in:

- [ ] An enema
- [ ] Shaving of my pubic area
- [ ] A urinary catheter
- [ ] An IV, unless I'm dehydrated (and a heparin or saline lock IS/IS NOT okay)

I'd like fetal monitoring to be:

- [ ] Continuous
- [ ] Intermittent
- [ ] Internal
- [ ] External
- [ ] Performed only by Doppler
- [ ] Performed only if the baby is in distress

I'd like labor augmentation:

- [ ] Performed only if baby is in distress
- [ ] First attempted by natural methods such as nipple stimulation
- [ ] Performed by membrane stripping
- [ ] Performed with prostaglandin gel
- [ ] Performed with Pitocin
- [ ] Performed by rupture of the membrane
- [ ] Performed by stripping of the membrane
- [ ] Never to include an artificial rupture of the membrane

For pain relief I'd like to use:

- [ ] Acupressure
- [ ] Acupuncture
- [ ] Breathing techniques
- [ ] Cold therapy
- [ ] Demerol
- [ ] Distraction
- [ ] Hot therapy
- [ ] Hypnosis
- [ ] Massage
- [ ] Meditation
- [ ] Reflexology
- [ ] Standard epidural
- [ ] TENS
- [ ] Walking epidural
- [ ] Nothing
- [ ] Only what I request at the time
- [ ] Whatever is suggested at the time

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During delivery I would like to:

- [ ] Squat
- [ ] Semi-recline
- [ ] Lie on my side
- [ ] Be on my hands and knees
- [ ] Stand
- [ ] Lean on my partner
- [ ] Use people for leg support
- [ ] Use foot pedals for support
- [ ] Use birth bar for support
- [ ] Use a birthing stool
- [ ] Be in a birthing tub
- [ ] Be in the shower

I will bring a:

- [ ] Birthing stool
- [ ] Birthing chair
- [ ] Squattng bar
- [ ] Birthing tub

As the baby is delivered, I would like to:

- [ ] Push spontaneously
- [ ] Push as directed
- [ ] Push without time limits, as long as the baby and I are not at risk
- [ ] Use a mirror to see the baby crown
- [ ] Touch the head as it crowns
- [ ] Let the epidural wear off while pushing
- [ ] Have a full dose of epidural
- [ ] Avoid forceps usage
- [ ] Avoid vacuum extraction
- [ ] Use whatever methods my doctor deems necessary
- [ ] Help catch the baby
- [ ] Let my partner catch the baby
- [ ] Let my partner suction the baby

I would like an episiotomy:

- [ ] Used only after perineal massage, warm compresses and positioning
- [ ] Rather than risk a tear
- [ ] Not performed, even if it means risking a tear
- [ ] Performed only as a last resort
- [ ] Performed as my doctor deems necessary
- [ ] Performed with local anesthesia
- [ ] Performed by pressure, without local anesthesia
- [ ] Followed by local anesthesia for the repair

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Immediately after delivery, I would like:

- ☐ My partner to cut the umbilical cord
- ☐ The umbilical cord to be cut only after it stops pulsating
- ☐ To bank the cord blood
- ☐ To donate the cord blood
- ☐ To deliver the placenta spontaneously and without assistance
- ☐ To see the placenta before it is discarded
- ☐ Not to be given Pitocin/oxytocin

If a C-section is necessary, I would like:

- ☐ A second opinion
- ☐ To make sure all other options have been exhausted
- ☐ To stay conscious
- ☐ My partner to remain with me the entire time
- ☐ The screen lowered so I can watch baby come out
- ☐ My hands left free so I can touch the baby
- ☐ The surgery explained as it happens
- ☐ An epidural for anesthesia
- ☐ My partner to hold the baby as soon as possible
- ☐ To breastfeed in the recovery room

I would like to hold baby:

- ☐ Immediately after delivery
- ☐ After suctioning
- ☐ After weighing
- ☐ After being wiped clean and swaddled
- ☐ Before eye drops/ointment are given

I would like to breastfeed:

- ☐ As soon as possible after delivery
- ☐ Before eye drops/ointment are given
- ☐ Later
- ☐ Never

I would like my family members:

(names:) _____

- ☐ To join me and baby immediately after delivery
- ☐ To join me and baby in the room later
- ☐ Only to see baby in the nursery
- ☐ To have unlimited visiting after birth

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I would like baby's medical exam & procedures:

- ☐ Given in my presence
- ☐ Given only after we've bonded
- ☐ Given in my partner's presence
- ☐ To include a heel stick for screening tests beyond the PKU
- ☐ To include a hearing screening test
- ☐ To include a hepatitis B vaccine

Please don't give baby:

- ☐ Vitamin K
- ☐ Antibiotic eye treatment
- ☐ Sugar water
- ☐ Formula
- ☐ A pacifier

I'd like baby's first bath given:

- ☐ In my presence
- ☐ In my partner's presence
- ☐ By me
- ☐ By my partner

I'd like to feed baby:

- ☐ Only with breastmilk
- ☐ Only with formula
- ☐ On demand
- ☐ On schedule
- ☐ With the help of a lactation specialist

I'd like baby to stay in my room:

- ☐ All the time
- ☐ During the day
- ☐ Only when I'm awake
- ☐ Only for feeding
- ☐ Only when I request

I'd like my partner:

- ☐ To have unlimited visiting
- ☐ To sleep in my room

If we have a boy, a circumcision should:

- ☐ Be performed
- ☐ Not be performed
- ☐ Be performed later
- ☐ Be performed with anesthesia
- ☐ Be performed in the presence of me AND/OR my partner

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As needed post-delivery, please give me:

- [ ] Extra-strength acetaminophen
- [ ] Percoset
- [ ] Stool softener
- [ ] Laxative

After birth, I'd like to stay in the hospital:

- [ ] As long as possible
- [ ] As briefly as possible

If baby is not well, I'd like:

- [ ] My partner and I to accompany it to the NICU or another facility
- [ ] To breastfeed or provide pumped breastmilk
- [ ] To hold him or her whenever possible