

My Labour and Birth Plan

Full name and pronouns:

Date of birth:

Your doctor's name:

Preferred name:

Current medications:

Allergies (including dietary restrictions):

LABOUR & BIRTH

Support people I would like to have with me:

Birth partner: _____

Other support person and role: _____

For decisions in my care:

- I would like to be included in all decisions
- I would like my partner to be included in all decisions

If continuous monitoring is needed:

- I prefer to be mobile
- If possible, I would still like to shower or have a bath

Comfort measure I would like to have during labour:

- Walking, rocking, leaning
- Breathing techniques
- Music
- Dimmed lights
- Quiet room
- Wear my own clothes or gown
- Labour ball
- Tub (if available)
- Shower
- Heat
- Ice
- Massage
- TENS machine (bring my own)
- Other: _____



Preferences for pain medication:

- Options I would like to consider:
 - Narcotics such as Morphine or Fentanyl
 - Epidural



- Other: _____
- I would like the nurse to offer this:
 - As soon as possible
 - If I am not coping well
 - Only if I ask

When pushing, I would like to:

- Receive coaching from the nurse and doctor when to push
- Try a variety of pushing positions
- Self-directed pushing only
- Have my partner be involved with coaching
- View progress and delivery with a mirror
- Take all possible steps to avoid episiotomy
- Other: _____



If assisted birth is recommended (vacuum or forceps)

- I have a strong preference for: _____
- I will discuss with my care provider and decide at the time

If Caesarean birth is required:

- I would like a drape with a window (if available) so myself and my partner can see the delivery
- If possible, I would like to see my baby before going to the pediatric team
- I would like to start skin to skin as soon as possible
- I would like my partner to start skin to skin

AFTER BIRTH

Sex announcement:

- I would like to be the first one to announce the sex of my baby
- I would like my partner to be the first one to announce the sex of the baby
- I would like the doctor to announce the sex of my baby
- Other request: _____

Cord clamping and placenta:

- If possible, I would like to delay cord clamping for 1 minute
- If possible, I would like _____ to cut the cord
- I would like to take home my placenta
- Other request: _____

Skin to skin

- If possible, I would like skin to skin with my baby for the first 1-2 hours
- If possible, I would like skin to skin with myself and my partner in the first 1-2 hours
- I would like my partner to do skin to skin with my baby only
- I would prefer to not do skin to skin with my baby
- Other request: _____



Cord blood banking:

- I am planning on cord blood banking
- I am not planning on cord blood banking
- I would like more information on cord blood banking

Feeding my baby:

- I plan to breastfeed
- I plan to formula feed
- I plan to pump exclusively
- Other feeding plan: _____

If my baby is sick and needs to be in special care nursery, I would like:

- Skin to skin care if possible
- Help to start expressing/pumping milk
- To be involved in my baby's care as much as possible
- To room in with my baby

Special cultural and/or religious requests:

NOTES/ADDITIONAL REQUESTS



Ask your **doctor or midwife** if you have any questions or need help filling out your labour and birth plan

