**Sample Birth Plan**

**Overview**

- **Mother-to-be:** [Your Name]
- **Labor Support:** [Partner/Doula Name]
- **Healthcare Provider:** [OB-GYN / Midwife Name]
- **Birth Goal:** To deliver as safely and naturally as possible, minimizing medical interventions unless medically necessary for the safety of mother and baby.

**Early Labor & Preparation**

- Prefer to wear my own clothing rather than a hospital gown.
- Prefer not to have a routine IV inserted unless dehydration or complications arise (saline lock is acceptable).
- Would like to keep the environment quiet with dimmed lighting and soft music.

**Labor & Monitoring**

- **Fetal Monitoring:** Prefer intermittent Doppler monitoring rather than continuous external fetal monitoring, allowing for freedom of movement.
- **Movement:** Wish to move freely, walk around, or use a birth ball/stool to manage contractions.
- **Fluids/Food:** Prefer to consume light snacks and clear liquids as tolerated.
- **Interventions:**
    - Prefer to let my water break naturally rather than having an artificial rupture of membranes.
    - Prefer to avoid artificial induction methods (like Pitocin) unless medically indicated.
    - Prefer not to use pain medications or an epidural unless explicitly requested during labor.

**Delivery & Pushing**

- **Position:** Wish to choose the most comfortable position for pushing (e.g., squatting, all fours, side-lying) rather than standard lithotomy (flat on back).
- **Pushing:** Prefer to push instinctively when the urge arises, rather than directed/coached pushing.
- **Partner Involvement:** I would like my partner to help "catch" the baby and/or cut the umbilical cord.

**Postpartum & Newborn Care**

- **Immediate Contact:** Request immediate skin-to-skin contact with the baby for at least the first hour ("Golden Hour").
- **Cord Clamping:** Wish to practice delayed cord clamping until the umbilical cord stops pulsating.
- **Feeding:** Intend to exclusively breastfeed/chestfeed; request no formula or pacifiers be given without permission.
- **Procedures:** Prefer to have newborn exams, measurements, and vitamin K/ointment applications done while the baby is skin-to-skin, or delayed until after the first feeding.

---

**Note:** In the event of an unforeseen complication or a necessary Caesarean section, we ask that our providers communicate clearly with us and still accommodate as many of these preferences (like immediate skin-to-skin or partner presence) as safely possible.