## WHAT MATTERS TOYOU? Create Your Birth Plan



You and your doctor know best. Print and fill out the birth experience plan below and work with your doctor to prepare for your upcoming delivery.

Together, you can craft the best birth experience for you and your baby.

YOUR NAME:	
PARTNER'S NAME:	
BABY'S NAME (if known):	
EXPECTED DUE DATE:	

DELIVERY METHODS		DELIVERY EXPERIENCE		
	Vaginal		Music	
	C-section		Lighting	
	VBAC		Reduced noise levels	
Discussion notes:			As few interruptions as possible	
			Labor/birth in my own clothes	
			Water therapy	
			Movement during labor	
PAIN MANAGEMENT			Skin-to-skin	
	Natural		Umbilical cord cutting	
	Epidural		Cord blood options	
	Nitrous Oxide		Placenta Care (not available at	
	IV methods		Bellevue, but can coordinate your own)	
	Hot therapy	Discussion notes:		
	Water Laboring			
	Distraction			
Discussion notes:				

## YOUR BIRTH PLAN Cont.



## **YOUR NAME:**

I PL	AN TO FEED MY BABY	SUP	PORT PERSON
	Only with breastmilk		None
	Only with formula		Partner
	As needed		Family
Discussion notes:			Friend
			Midwife/Doula
		Disc	cussion notes:
CLA	SSES & SUPPORT		
	Baby basics Childbirth prep		Continuous
	Breastfeeding support	<ul> <li>Intermittent</li> <li>Only when absolutely needed</li> </ul>	
	Infant CPR		
	New moms support group	Disc	cussion notes:
	Lactation support group		
Disc	ussion notes:		
	<b>TES</b> (list any medical conditions/questions Ild be aware of)	/conc	erns your doctor and/or the hospital