

YOUR PERSONAL BIRTH EXPERIENCE



Your personal birth plan gives you a chance to think about, and discuss with your partner and your caregiver, how you'd like your baby's birth to be handled. You can't control every aspect of labor and delivery, but a printed document gives you a place to make your wishes clear.

Your safety and the safety of your baby may require an unexpected change to your birth experience.

Name _____

Your date of birth _____

Partner's name _____

Email address _____

Phone number _____

Due date _____

Name of doctor _____

Delivering hospital _____

LABOR AND DELIVERY

Preparation

- I would prefer to walk around – mobility is important to me.
- I would prefer continuous fetal monitoring.
- I would prefer intermittent fetal monitoring as long as I meet the medical criteria.
- I would like the option of hydrotherapy (shower or tub) during labor if I meet the criteria.
- I would like the option of taking my placenta home after delivery unless it is needed for medical testing.

Anesthesia/pain medication

- I would prefer to labor without pain medication – I will ask if I would like something for pain; please do not ask me.
- I would like to try IV pain relief medications before trying an epidural.
- I would like an epidural.

Environment/comfort and relaxation aids

- I would like help with limiting my visitors.
- I would like my children to be present; I understand that another adult must supervise children under 16.
- I would prefer dim lighting.
- I would like music therapy.
- I would like to use hospital-provided essential oils (aromatherapy) if available.
- I would like to use massage during labor.

During labor and birth

- If a C-section is needed, I would like a clear drape (if available).
- I do not want to be separated from my partner during labor or birth.
- I would prefer to labor naturally unless interventions are medically necessary.
- I would like a mirror present to view birth.
- I would like to be able to touch my baby's head when it crowns.
- I would like for my coach/support person to support my legs when I push.
- I would like to use available equipment during pushing (ball, peanut, squat bar).
- I would like to try different positions during pushing
- I would like to wait to push until I feel the urge.
- My partner would like to cut the cord; I understand this may not be possible for a C-section.
- I would like cord clamping delayed if it meets medical criteria.
- I would like my baby placed skin-to-skin after birth, if my baby is stable.
- I would like to breastfeed after delivery.
- I would like for my baby's first assessment to be done in the presence of myself and/or my partner.

continued on back

Name: _____

POSTPARTUM

After birth

- I would like to be discharged at 24 hours post-delivery as long as my baby’s doctor can see my baby on the following day, and my baby is healthy enough to go home.
- Please offer my pain medication when it is due; I prefer not to have to ask for it.
- I would like to shower before I move to the postpartum room.
- I plan on having my child circumcised.
- I do not plan on having my child circumcised.
- I would like help to limit my visitors during my stay.
- I would like my newborn photographed using the hospital vendor before discharge.

Feeding methods

- I plan on breastfeeding.
- I do not want my baby given any formula unless medically necessary and with my consent.
- If my baby requires supplementation, I am interested in an alternative feeding method other than a bottle.
- I prefer my baby not have a pacifier.
- I would like to see a lactation specialist.
- I plan on formula feeding.

Rooming in

- If I’m sleeping, please do not wake me to offer pain medication.
- I would like my support person to stay with me during the night.
- I would like to participate in the discussion of my plan of care; please wake me if I am sleeping at shift change.
- I prefer my baby not be separated from me during any exams or procedures.

Is there anything else you would like us to know about you or your family?

Please complete this form and bring it to the hospital when you go into labor. You can also email your completed form to birthingexperience@beaumont.org

I understand that my birthing experience preferences will depend upon my condition, as well as the status of my baby. I have discussed this birth experience form with my physician or midwife.

Signature: _____ Date: _____



Beaumont has a number of resources to help you manage your pregnancy, prepare for labor and birth and get ready to bring your new baby home.

For more information, visit beaumont.org/maternity