



## BIRTH PLAN FOR PREGNANT PERSONS AND FAMILIES

**Congratulations!** Some people think that parenting starts after the baby is born, but it actually starts from the moment you conceive. You labour and the birth of your baby are significant events that you will remember forever. It is important that you feel that everyone involved, regardless of what happens, respected you.

Birth plans are not a guarantee that your birth will exactly go the way you envisioned. But they are helpful communication tools that allow all of your providers to know what you would like to happen to you (and your baby immediately after the birth) as long as everything remains normal. Remember that healthcare providers are there to ensure the well-being of you and your baby, so they may not be able to provide the experience you hoped for, but they are focused on ensuring you and your baby have a safe and healthy one. **Make sure you review this birth plan with your care provider so you know what is possible (or not) before you go into labour.** Every facility is different. This birth plan was created for birth occurring in a Canadian setting.

Full name: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Partner's Pronouns: \_\_\_\_\_

Due Date: \_\_\_\_\_

Doctor/Midwife: \_\_\_\_\_

I'm planning to give birth at:    Home    Hospital    Birth Centre (Please circle one)

### Health Conditions in this Pregnancy

- Group B Strep +
- Rh Incompatible
- High blood pressure
  - Medications (e.g. Anti-hypertensives)
- Other:
- Diabetes:
  - Type 1
  - Type 2
  - Gestational Diabetes
  - Insulin dependant
  - Diet-controlled
  - Oral medications (e.g. Metformin)



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### **Planned mode of delivery:**

- Vaginal
- C-section
- Water birth
- Trial of Labour After Caesarean section (TOLAC)

### **I would like the following people present during AND/OR after the labour:**

Partner: \_\_\_\_\_

Parents: \_\_\_\_\_

Other Children (Note: An adult (not the pregnant person) must be present to care for child(ren))

Doula: \_\_\_\_\_

Other: \_\_\_\_\_

### **Birth Environment**

- Music (I will bring my own speaker)
- Lights dimmed (if feasible)
- Room as quiet as possible
- As few vaginal exams as possible
- Hospital staff limited to the midwife and/or doctor and assigned nurse – No students, interns, or residents
- Eat and drink as tolerated (not an option with an epidural)

### **Fetal Heart Monitoring** *Note: Options only available when heart rate remains normal*

- Handheld Doppler
- Fetoscope
- Continuous electronic Fetal Monitoring

### **Privacy in Labour**

- Modesty is important to me, please allow me to cover as needed and keep the door closed.
- No unknown students allowed without prior consent
- (If applicable) I do NOT want any of my health information disclosed to visitors during my stay (VIP status)

### **Pain Relief**

I plan to manage the labour of pain using:



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- Hypnobirthing Techniques
- Physical Activity
- Massage
- Acupressure/Acupuncture
- Breathing Techniques
- Enterox (Nitrous Oxide)
- Heat therapy
- TENS
- Epidural
- Nothing
- Other

### **Labour Augmentation**

- Only done to prevent the baby from distress
- Membrane stripping first
- Oxytocin (Pitocin)
- Rupture of membranes
- Never to rupture membranes unless in an emergency

### **Episiotomy**

*(Note: This is only performed in an emergency when the head is on the perineum)*

- Done only after warm compresses, position changes and/or massage
- Performed with local anesthesia
- Repaired with local anesthesia if I don't have an epidural

### **During Pushing**

- Different positions (e.g. Hands and Knees, squatting, Side-lying, standing)
- Be in birthing tub
- Be in shower
- Lean on my partner
- Be allowed to push for more than 2 hours if descent is occurring
- Other:  
\_\_\_\_\_

### **During the delivery I would like to:**

- Push spontaneously
- Directed pushing
- Use mirror to see baby's head
- Touch baby's head
- Able to reach down and receive my baby as they are being delivered
- Let my partner help catch the baby
- I'm okay with whatever my midwife/doctor suggests
- Other:  
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### **Immediately after the Birth**

- My partner to cut the umbilical cord
- Delayed cord clamping (for at least 60 seconds)
- Bank the cord blood
- Donate the cord blood
- Deliver the placenta spontaneous (within 15 minutes)
- Take my placenta home with me (I will bring a container)
- See the placenta before it is discarded

### **If a Caesarean section is needed I would like (depending on the hospital):**

- A second opinion
- All other options to be explored first
- Spinal Epidural over General Anesthesia (unless in an emergency)
- General Anesthesia
- Natural Caesarean technique
- The surgery explained as it occurs
- My partner to be with the baby as soon as possible
- Breastfeed in the recovery room

### **I would like to hold the baby:**

- Immediately after delivery
- After being wiped and cleaned
- While the baby is given any medications
- While any tests are being performed

### **Feeding the Baby:**

I would like to feed my baby by:

- Breastfeeding/Breastmilk exclusively
- Other:
- Combined (Breastmilk & Formula as needed)
- Formula exclusively

### **Newborn Medications:**

I consent to my baby receiving:

- Erythromycin eye ointment
- Vitamin K (to prevent haemorrhagic disease of the newborn)

### **If my baby needs to be transferred to the NICU I would want:**

- My partner/family member to be present as often as possible



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- To breastfeed and/or provide expressed breastmilk

Additional Information I would like you to know (e.g. Triggers, Religious customs):

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