



Name \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

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

Doctor/OB Group \_\_\_\_\_

A birth plan allows you to communicate your birth expectations to your physician and the team here at Aultman. We ask that you discuss your plan and available options with your physician prior to your due date. Please understand that this form reflects your ideas/suggestions only and that medical necessity may override your preferences in order to best care for you and your baby.

*\*Italicized options indicate Aultman Birth Center's standard of care.*

**During labor, I would like:**

- Limited interruptions
- Room as quiet as possible
- Dimmed lights
- Music played
- To stay hydrated with clear liquids*
- To wear my own gown
- To have limited vaginal exams
- To change positions frequently
- To use a birthing ball
- To walk as doctor allows
- To sit in a chair
- To discuss positions with my nurse
- Intermittent fetal monitoring as policy allows  
(if on pitocin, continuous fetal monitoring is necessary)
- You to ask my permission before checks or tests are performed.*

The following people to be in the room:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**For pain relief, I would like:**

- Distraction
- Massage
- Medication
- Epidural
- Local anesthetic for stitches
- Nothing
- Only when I request it*
- Other \_\_\_\_\_

**During delivery, I would like:**

- Push as directed
- Push without direction
- Push in various positions, as able
- To use a mirror to see baby crown
- To touch the head as it crowns
- Warm perineal compresses
- To have me or my partner help deliver baby,  
as doctor allows
- Other \_\_\_\_\_

The following people to be in the room:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**If cesarean section is necessary, I would like:**

- My support person with me as much as possible*
- A clear drape to see procedure (as available)
- Hands left free to touch the baby
- Baby to be placed skin-to-skin with me, as able
- You to leave a segment of umbilical cord for my support person to cut
- Music played





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**After birth, I would like:**

- My partner/spouse to announce baby's gender
- My support person to cut the umbilical cord
- Delayed cord clamping
- Skin-to-skin with baby for first hour
- Baby vital signs to be done skin-to-skin
- To bank cord blood with kit I will provide
- To see the placenta
- To keep the placenta
- No visitors for first hour
- To breastfeed as soon as possible
- Meet with a lactation consultant
- Other \_\_\_\_\_

**I would like baby's first bath to be:**

- Given by parent(s)
- Given by hospital staff
- Given in our room
- Delayed 12-24 hours
- Not to be completed in hospital

**I would like baby to receive:**

- Vitamin K injection
- Preservative-free vitamin K injection
- Erythromycin eye ointment
- Hepatitis B vaccine
- A pacifier

**I would like to feed baby by:**

- Breastfeeding
- Bottle feeding
- Pump-only breast milk

**I would like baby's exams and nonsurgical procedures to be done:**

- In my presence
- In my spouse/partner's presence
- In my room
- While skin-to-skin or breastfeeding, if possible

**Please note I have a history of:**

- Miscarriage
- Stillbirth
- Previous birth trauma
- Physical abuse
- Emotional abuse
- Sexual abuse
- Fear of needles
- Other \_\_\_\_\_
- I would like to talk about this
- I would like to talk about this without family present
- I prefer not to talk about this

**Other information that may help create a positive experience:**

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