

NATURAL BIRTH PLAN

Name:	Doctor:
Due Date:	Midwife:
Birth Facility:	Labor Support:

PRE-LABOR

- ❖ If my approximate due date passes, I would like to avoid inducing labor, provided the baby and I are in good condition
- ❖ If my water breaks as I enter labor, I prefer to wait between 24 and 48 hours prior to inducing, as long as the condition my baby and I are in permits
- ❖ If I am dilated less than 4 cm, I prefer to return home

MEDICAL PREFERENCES

- ❖ I do not wish to have any chemical or medical interventions unless my baby or I am in a life-threatening state
- ❖ I would prefer to not use IV
- ❖ I refuse post-birth Pitocin
- ❖ I will allow vitamin K only orally (no injections)
- ❖ I do not agree to hepatitis B shot
- ❖ I do not wish to have eye ointment used on my baby

LABOR PREFERENCES

- ❖ I prefer intermittent fetal monitoring
- ❖ I do not agree to stripping of membranes
- ❖ I prefer hydration through clear fluids
- ❖ I would rather not have augmented labor
- ❖ I prefer not having an episiotomy
- ❖ Before clamping and cutting the umbilical cord, I would like for the pulsating to stop
- ❖ I prefer breastfeeding my baby directly after birth
- ❖ I want to keep the placenta

NEWBORN PROCEDURES

- ❖ I prefer immediate skin to skin contact for 45 minutes prior to any newborn procedures
- ❖ I would rather my baby not receive a bath
- ❖ I strongly prefer no pacifiers or bottles