

# Sample Birth Plan for My L&D Nurse(s)

My Name (legal and preferred) (your pronouns)  
Partner's Name (legal and preferred) (their pronouns)  
OB/Midwife  
Doula's Name (their pronouns)  
EDD (Due Date)  
Pediatrician  
Allergies or medical issues

- If labor slows, I prefer nipple stimulation and intimate contact to Pitocin augmentation.
- I prefer artificial rupture of membranes to Pitocin if the baby is low and in a good position.
- I will sign a waiver so that I can eat and/or drink during labor when I'm hungry.
- Please offer an explanation of pain relief alternatives before suggesting an epidural.
- If I ask for an epidural I want my support people to \_\_\_\_\_ (see epidural agreement).
- I prefer wired rather than wireless monitoring.
- I prefer intermittent rather than continuous external fetal monitoring.
- I prefer to push spontaneously with my natural urges whenever possible.
- I want to pushing in whatever position is most comfortable and change positions as needed.
- I prefer warm compresses on my perineum during pushing without manual massage.
- If I have to have a surgical birth, please allow my partner AND my doula in the OR
- **If my baby is able to cry, I prefer not to use routine deep suctioning without parental permission.**
- I prefer uninterrupted skin-to-skin contact with my baby during the "golden hour" before any weighing or non-essential procedures.
- I want the baby to have as much skin-to-skin contact as possible for the first 18 hours, with me or my partner.
- I prefer to delay erythromycin eye ointment until after the first breastfeeding session, **OR** I will waive erythromycin eye ointment and sign a waiver.
- I prefer the Vitamin K injection be given while my baby is latched on my left breast **OR** I will waive the Vitamin K injection.
- I prefer my placenta to be kept intact and unmedicated so I can encapsulate it or take it home.