



Birth Plan Checklist

NAME: _____

ATTENDANTS

I'd like the following people to be present during labor and/or birth:

- Partner: _____
- Friend/s: _____
- Relative/s: _____
- Doula: _____
- Children: _____

AMENITIES

I'd like to:

- bring music
- dim the lights
- wear my own clothes during labor and delivery
- take pictures and/or video during labor and delivery

HOSPITAL ADMISSION & PROCEDURES

- I'd like the option of returning home if I'm not in active labor.

Once I'm admitted, I'd like:

- my partner to be allowed to stay with me at all times
- only my practitioner, nurse, and guests to be present (i.e., no residents, medical students, or other hospital personnel)
- to wear my contact lenses, as long as I don't need a c-section
- to eat if I wish to
- to try to stay hydrated by drinking clear fluids instead of having an IV
- to have a heparin or saline lock
- to walk and move around as I choose

OTHER INTERVENTIONS

As long as the baby and I are doing fine, I'd like to:

- have intermittent rather than continuous electronic fetal monitoring
- be allowed to progress free of stringent time limits and have my labor augmented only if necessary



