

# WHAT'S THE PLAN?

Name: \_\_\_\_\_

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

Partner's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

## WHO DO YOU WANT PRESENT DURING LABOR/DELIVERY:

- ☐ Partner
- ☐ Parent(s), Name(s): \_\_\_\_\_
- ☐ Friend(s), Name(s): \_\_\_\_\_
- ☐ Photographer, Name(s): \_\_\_\_\_

## PAIN MANAGEMENT

- ☐ I want an Epidural ASAP.
- ☐ I want pain medicine only when I request it.
- ☐ I want to use alternative forms of pain management (birthing ball, moving around, etc).
- ☐ I want to know what options you have available.

## LABOR

- ☐ I would like fetal monitoring to be...
  - ☐ Constant ☐ Intermittent, if allowed
- ☐ I would like music to be playing
- ☐ I would like to wear my own clothes, if allowed
- ☐ I would like to watch as I push
- ☐ I don't want to watch
- ☐ I would like \_\_\_\_\_ to cut the umbilical cord

## UNFORSEEN CIRCUMSTANCES

If baby is breach, I would like...

- ☐ attempt ECV (turn baby)   ☐ c-section

If I have a C-Section...

- ☐ I would like \_\_\_\_\_ to cut cord, if possible  
☐ I would like to do skin-to-skin as soon as possible  
☐ I would like \_\_\_\_\_ to hold baby until I can  
☐ I would like to watch, if allowed

## POSTPARTUM

- ☐ I want to do skin-to-skin immediately after delivery

I plan to feed baby

- ☐ Breast milk (breast feed, or pump)  
☐ Formula  
☐ Both

- ☐ If my baby is a boy, I want him circumcised  
☐ I would like to see a lactation consultant  
☐ I don't want to see a lactation consultant  
☐ I would like to stay in the hospital as long as possible  
☐ I would like to leave the hospital as soon as possible

## ANY OTHER NOTES:

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