

# Your Birth Plan

As the day of your delivery approaches, you may be thinking about what labor will be like. One way to communicate your preferences about your labor is to create a birth plan. A birth plan is not a contract. You can change your plan at any time especially since we cannot know exactly what the birth of your baby will be like. As such, we can not guarantee that we will be able to accommodate all of your preferences. However, we will work with you to keep your birth experience as close to what you want as possible while always keeping the health of you and your baby as our most important priority.

## Our Philosophy

- We support women who would like a birth that is unmedicated and advocate for having persons present to help and support this decision.
- We support women who have a preference for a birth that is as pain free as possible by using medicine for pain or epidural anesthesia at a suitable time in labor.
- We strongly recommend childbirth preparation classes. Even for women planning on using pain medication, childbirth classes help develop the skills necessary to deal with early labor.
- We support movement while in labor as it often helps labor to progress.
- We do not routinely order enemas or shaves although these are available upon request.
- We recommend that you check with the hospital where you will be giving birth to familiarize yourself with your hospital's labor and delivery policies and to find out if they offer tours of Labor and Delivery.
- We believe that parents have a right to choose the feeding method of their baby. While "breast is best" for almost all infants, only you can decide what is right for your family. We will respect your feeding decision.



## The Iowa Clinic Obstetrics and Gynecology

### OFFICE LOCATIONS

#### Ankeny Campus

1410 SW Tradition Drive  
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#### West Des Moines Campus

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# Your Birth Plan Checklist



Instructions: Check off all of your preferences for childbirth. Once you have completed your birth plan, bring it to your next prenatal appointment so you can discuss it with your medical provider. You may also want to bring a copy with you to the hospital.

Please realize that certain circumstances that arise during labor may limit the number of kinds of choices you will have. Your doctor will discuss them with you during labor.

## Environment

- ☐ I would like to limit the number of guests and phone calls while I am in labor by disconnecting my phone and by having a sign posted on my door.
- ☐ I would like the lights in the room to be lowered.

## Labor

- ☐ I would like to be out of bed as much as possible during labor (such as walking, rocking, etc.).
- ☐ I prefer to have intermittent fetal monitoring unless in bed.
- ☐ I would prefer to have saline lock IV (a plug for your IV needle).
- ☐ I would prefer that the amniotic membrane ("bag of water") rupture naturally.

## Pain Management

- ☐ I plan on using alternative pain relief options (such as breathing exercises, visualization/relaxation, massage, shower, position changes). I will ask for pain medication if I need it.
- ☐ I would like to be offered pain medication if you see I am uncomfortable.
- ☐ I would like to have an epidural as soon as possible.
- ☐ I am considering having an epidural or using pain medication, but will decide when I am in labor.

## Delivery

- ☐ I would like a mirror available to view the birth.
- ☐ I would like to touch my baby's head as it crowns.
- ☐ I would like to hold my baby skin-to-skin immediately after delivery.
- ☐ I would prefer the baby be "lightly" dried off before being brought to me.
- ☐ I would like to have \_\_\_\_\_ cut the cord, if possible.
- ☐ I would like to avoid episiotomy unless it is necessary to expedite the delivery for my labor or avoid worse perineal trauma for me.

## Postpartum

- ☐ I would like to delay newborn procedures (such as measuring, physical exam, eye medication, Vitamin K injection) during the first hour so that I have a chance to feed and bond with my baby.
- ☐ I want all procedures that are done and all medications that are given to my baby explained to me before they are carried out by the staff.
- ☐ I would like to have the baby evaluated and bathed in my presence.
- ☐ If the baby must be taken from me to receive medical treatment, I would like \_\_\_\_\_ to accompany the baby.
- ☐ I would like to meet with the lactation consultant while at the hospital.
- ☐ I would like to be consulted before my baby is given water, formula, sugar water or a pacifier.
- ☐ If I have a boy, I do/do not (circle one) plan on having him circumcised.

Signature of physician who reviewed birth plan:

\_\_\_\_\_

Other:

\_\_\_\_\_

Patient Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

