

My Birth Plan

A birth plan is a list of preferences or wishes for your childbirth experience. It will not limit your options once you begin to experience labor. You can change your mind at any time. Since every labor and birth is different, we cannot guarantee that all your preferences will be appropriate for your delivery. We encourage you to discuss your birth plan with your doctor or midwife. We will work with you to try and keep your birth experience as close to your wishes as possible; however, the safety of you and your baby is our number one priority.

Name _____

Partner's Name _____

Baby's Name _____

Baby's Due Date _____

OB Provider _____

Baby's Pediatrician _____

Baby's Pediatrician Contact _____

Prenatal Classes Attended _____

For Labor

- ☐ Dimmed lights.
- ☐ I would like to be out of bed as much as possible.
- ☐ I would prefer to have a saline lock instead of IV fluids.
- ☐ I would like to use alternative pain relief options, such as breathing exercises, massage, shower and position changes.
- ☐ I will ask for pain medication if I need it.
- ☐ I would like an epidural to help cope with my labor pain.
- ☐ I would like to be offered a warm perineal compress during labor.
- ☐ I would like to be offered pain medication if you see I am uncomfortable.
- ☐ I am unsure what I want for pain relief, I will decide when I am in labor.
- ☐ I would like to bank or donate my cord blood.
- ☐ I would like to use my portable music and headphones during labor.
- ☐ I would like to take photos or video prior to birth.
- ☐ I would like to use my doula for labor support.

Labor Options

- ☐ Birthing balls
- ☐ Squat bars
- ☐ CUB support
- ☐ Shower
- ☐ Peanut balls
- ☐ Spinning babies techniques

During Delivery

- ☐ I would like to delay cord clamping for 30 to 60 seconds.
- ☐ I would like my partner to cut the umbilical cord.
- ☐ I would like a mirror to view my birth.
- ☐ I would like to touch my baby's head as it crowns.

Postpartum/Newborn Care

Skin-to-skin contact after delivery is the standard of care provided to ensure both mom and baby are stable, and it is encouraged throughout your stay.

If my baby should need to be separated due to medical care/treatment, I would like _____ to accompany him/her.

- ☐ I would like to be discharged as soon as possible.
- ☐ If I have a boy, I would like him circumcised before discharge if my pediatrician allows.

If I have a boy, ☐ circumcise ☐ do not circumcise.

I plan to feed by baby ☐ breastmilk ☐ formula.

Cesarean Section

I would like _____ to accompany me in the operating room. (1 person)

Other Requests

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