

Sample Family Birth Plan 1

Hi Peninsula Hospital Staff,

First off, thank you so much ahead of time for your wonderful care of our family. We are very excited to deliver our second baby at Peninsula Hospital. We have just a few requests for you as we go through this process. We have discussed all of these options with our doctor and have gotten approval from her.

1. We are aware of our pain medication options and will request them if we feel they are necessary.
2. We would like to be out of bed as much as possible. As long as it is safe for mom and baby, we would like the monitoring to be kept to a minimum and be allowed to use the birth ball, rocking chair, shower and anything else that will assist us in having a productive birth.
3. We would like our baby with us as soon as possible after birth. Mom would like to assist in catching the baby and dad would like to cut the cord.
4. We would like to delay any processes that are not absolutely necessary right after birth so the baby can have as much skin to skin contact with mom as possible.
5. We will be breastfeeding our little one, so we would like him to only have breast milk during his hospital stay. Please do not give him anything else in his mouth that could result in nipple confusion.
6. Our baby will not be circumcised or be given the Hep B shot in the hospital.

We have such faith in your staff and are so excited to be working with you all once again. Thank you for your great care!

Client & Spouse/Partner

Doctor/Midwife

Doula

Sample Family Birth Plan 2

I am looking forward to birthing our baby at the Johnson Center at LPCH. Thank you so much ahead of time for your wonderful care of our family. We have just a few requests for you as we go through this process.

1. I am aware of my pain management options and will ask for medication if I need it. I would like to try the following pain management techniques before turning to medication: acupressure, bath/shower, breathing techniques, hot/cold therapy, and massage.
2. I would like to labor without an IV or Hep lock unless absolutely necessary
3. I would like to have intermittent fetal monitoring, if possible. I would like to be up and out of bed as much as possible.
4. I would like to try different pushing positions and be up as much as possible during stage 2 of labor.
5. I would like to risk a tear rather than have an episiotomy
6. I would like to leave the option open for husband to catch our baby or cut the cord. I would like skin-to-skin contact right after delivery of our baby.
7. I would like to try breastfeeding as soon as possible. I would like to exclusively breastfeed. Please do not give our baby a bottle, a pacifier, sugar water, or formula without discussing it with me first.
8. I would like our baby to receive the antibiotic eye ointment, the vitamin K injection
9. I would like to waive the Hepatitis B vaccine.

Please note that we have discussed all of these options with our doctor and have received his approval. Thank you for your help and support in the birthing of our baby.

Mom & Dad X

Doctor

Doula