WELCOME HOME
MIDWIFERY SERVICES, INC.

BIRTH PLAN WORKSHEET

These are **most** of the choices you can make through the course of your care for a planned birth at home with WHMS. Your midwife should provide a full explanation of any procedure, its benefits and risks, and any alternatives to the procedure.

Environment

I would like the following people to be present at the birth:

- ❑ Partner(s):
- ❑ Relative(s):
- ❑ Doula(s):
- ❑ Sibling(s):
- ❑ Friend(s):
- ❑ Other:

I would like the following photographed/filmed by one of my support people:

- ❑ Labor
- ❑ Birth
- ❑ Immediate Postpartum

Comfort Measures

The midwife might recommend position changes periodically in order to help me feel more comfortable and progress in labor. **I am open to trying the following positions:**

- ❑ Walking
- ❑ Swaying
- ❑ Kneeling
- ❑ Rocking
- ❑ All fours
- ❑ Leaning
- ❑ Side-lying
- ❑ Sitting (birth ball/toilet/edge of chair)

The midwife might recommend comfort measures periodically in order to help relieve labor pain.

I am open to trying the following comfort measures:

- ❑ Warm cloths to abdomen or back
- ❑ Warm compresses to perineum
- ❑ Ice packs to back
- ❑ Massage/touch
- ❑ Lights dimmed
- ❑ Music
- ❑ Breathing techniques
- ❑ Shower
- ❑ Tub

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Labor Induction and Augmentation

The midwife might recommend an intervention to start or speed up labor. Instances where this may be recommended include: water breaking before labor, arrest of labor/slow progress, or pregnancy approaching 42 weeks.

I am open to trying the following methods of labor induction or augmentation if necessary:

- ❏ Herbs
- ❏ Homeopathy
- ❏ Acupressure
- ❏ Cervical stretching
- ❏ Membrane sweep
- ❏ Cervical Ripening Balloon
- ❏ Breast/Nipple Stimulation
- ❏ Artificial Rupture of Membranes

Fetal Heart Rate Auscultation

The midwife routinely uses a handheld Doppler to listen to the baby in labor. This takes place every 4 hours in early labor, every 30 minutes in active labor, and every 15 minutes during transition. When the birthing client is actively pushing, the midwife will listen more frequently.

If the midwife feels it is appropriate, she may recommend more frequent or prolonged monitoring than is routine.

- ❏ I would prefer that the midwife explain how the baby is doing each time she listens.
- ❏ I would prefer that the midwife set the doppler volume to **low/high** during auscultation.

The Birth

- ❏ I would like to catch my own baby.
- ❏ I would like _____ to catch my baby.
- ❏ I would like a mirror so I can see my baby emerging.
- ❏ I would like to touch my baby's head as it is emerging.
- ❏ I would like dimmed lights during the birth.

Immediately Following The Birth

- ❏ I would like to wait until the placenta is delivered before the umbilical cord is clamped and cut.
- ❏ I would like _____ to cut the umbilical cord.
- ❏ I would like the newborn exam to be performed **last** before the midwives depart.

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In Case of Hospital Transfer

It is important to keep in mind that if we are moving your birth to the hospital, it is because there is a need for medical assistance. As a result, your desires for your birth may be different when the time comes. The following are procedures that are **not routine in hospitals**. If you want them, you will need to request them.

- ❏ I would like my midwife and _____to remain with me through the course of my care.
- ❏ I do not want medical or nursing students involved in my care at any time.
- ❏ I would like freedom of movement during my labor, including during pushing.
- ❏ I would like the time to talk with my support team any time a medical intervention is proposed before making a decision.
- ❏ I would like to not be offered pain medication.
- ❏ I would prefer not to have an episiotomy unless my baby's life is in danger.
- ❏ I would like photos/video of the birth.
- ❏ I would like all newborn procedures to take place in my presence.
- ❏ I would like my baby to not receive a bath.
- ❏ I would prefer to deliver the placenta prior to clamping or cutting the umbilical cord.
- ❏ I would like _____ to cut the umbilical cord.
- ❏ I would prefer 24-hour rooming in with my baby.
- ❏ I plan to take my placenta home from the hospital.

Cesarean Birth

- ❏ I would like _____ present during the birth.
- ❏ I would prefer to have a mirror so I can see my baby being born.
- ❏ I would like to wear **my glasses/contacts** so I can see my baby being born.
- ❏ I would like the birth photographed/filmed.
- ❏ I would like my family to stay together immediately following the birth.
- ❏ I would like to have one hand free to touch the baby.

If My Baby is Sick and Needs Intensive Care

- ❏ I would like my baby to have breast milk as soon as possible (mine or donor milk)
- ❏ I would like to hold my baby as soon as possible.
- ❏ I would like to photograph/film my baby.