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Birth Plan

Mother's name: _____ Partner's name: _____

Due Date: _____ Care Provider: _____ Birth Place: _____

Other support people: _____ Photography: Yes/ No

Name: _____ relationship: _____ Name: _____ relationship: _____

How can these support people assist you the best? What would you like their roles to be?

Other siblings present at birth:

Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

How would you like your other children to be included in the birth?

Planned role for Doula:

Important wishes, fears, issues or concerns regarding mother and baby:

Any religious or cultural beliefs/rituals that you would like respected at the birth?

Anything else you would have us know as part of your birth team? This might include past traumatic experiences during birth, struggles with depression or any past sexual abuse or trauma (These issues can surface in surprising ways during birth and we welcome discussing them prior to the birth. Our discussion is completely confidential. If you would like to arrange a special time to talk, please indicate so below.). We would also like to hear about any good experience you've had around birth that you would like to try and repeat.

Preferences for Normal Labor and Birth

First stage of labor (0-10 centimeters dilation)

Presence of partner/others

Partner Doula Friends and Family Children

Positions for labor

Freedom to change positions, stand and/or walk around

Postural aids (birth ball, or other)

Vaginal Exams

Only at mother's request or if needed for clinical decisions Frequency of exams _____

Monitoring fetal heart rate

Continuous monitoring Auscultation with Doppler intermittently

Foods/Fluids

Eat and drink as desire

Any food or drink preferences? _____

Pain relief/ comfort measures (please specify)

Birth Tub, Shower or bath Aromatherapy (favorite scents?) Music

Relaxation/breathing Guided imagery/ visualizations Massage

Hot/Cold Packs Pain medication *

* Is this an important issue for you?

If desired, at what point would you like to use pain medication?

Any other preferences or concerns?

Second stage (positioning and pushing efforts)

Positions for pushing and for birth

Freedom to change positions and use a variety of positions as desired

Support from care provider in choosing best positions

Pushing Techniques

Gravity-enhancing positions Spontaneous pushing Directed pushing

Covering the perineal area

Undraped, mother may touch baby during birth Drapes around vagina and on abdomen and legs

Perineal care

Measures to maintain intact perineum and to avoid a tear

Hands off approach

No episiotomy (willing to tear)

Decision left to care provider

Episiotomy

Anesthesia before episiotomy

Anesthesia after birth for stitches

Any other preferences or concerns?

Third stage and first hours after birth:

Cord Cutting

- Partner cuts cord Care provider cuts cord Clamp and cut immediately
 Clamp and cut after cord stops pulsating

Immediate care of the baby

- In parent's arms for observation and Apgar score In mother's bed for observation and Apgar score
 In mother's room for observation, weighing and first bath

Feeding

- Breast feeding Formula feeding

Warmth of baby

- Baby skin to skin with mother, with blanket or heater over both
 Baby under warmer

Airway

- Suction if necessary Suction immediately

Vitamin K

- Oral dose By injection soon after birth

Eye Care

- At end of first hour of life Use of non-irritating antibiotic agent Refusal of eye care

Maintaining uterine muscle tone

- Breastfeeding Fundal massage by care provider

Placental care

- Placed in bag and taken to fridge (within one hour) after examination
 Disposed of properly

Welcoming the baby

- Private time with partner, baby and other children

Any other preferences or concerns?

Preferences for Post partum care

I plan to: Breastfeed/Formula feed

Concerns/questions:

Feelings about visitors:

Controlling pain:

Preferences for Unexpected Events:

Prolonged or complicated labor:

Transfer

Hospital preference in the event a transfer is absolutely necessary? _____

People you would like to accompany you to the hospital: _____

If you have other children who plan on being at the birth, how would you like to handle their care?

Preferences for Unexpected Events (cont.)

Induction

- Induction agents (pitocin, oxytocin, cytotec)
- Stripping membranes Artificial rupture of membranes (AROM)
- Self induction methods (nipple stimulation, walking, acupressure, castor oil, sexual stimulation)

Maternal exhaustion

- Rest, relaxation skills Bath, dim lights, privacy Narcotics or sedatives for sleep
- Epidural

Prolonged active labor

- Self-augmentation of labor (nipple stimulation, walking, etc...) AROM Pitocin, oxytocin

Prolonged second stage (pushing and birth of the baby)

- Rest from pushing Change position Directed pushing Pitocin
- Vacuum extractor Forceps Episiotomy

Suspected fetal distress

- Mother changes positions, uses oxygen Fetal scalp stimulation to evaluate fetal well being
- Any other preferences or concerns?

Cesarean birth:

Participation by mother

- Mother watches birth of baby
- Anesthesiologist or obstetrician explains events during birth
- No descriptions of events during surgery/birth

Support Team (usually only one person is allowed with the mother in the surgery room and then one person with the baby after the birth in the nursery)

Person desired present with mom during birth_____

Person desired with baby after birth_____

Person desired with mom after birth_____

- Partner or support person standing to watch surgery/birth and to take pictures

Anesthesia

- Regional General

Postoperative medications

- Only at mother's request Medications for anxiety, trembling or nausea
- Preference to stay awake and weather discomfort

Contact between mom and baby

- Baby held by mother afterwards during surgical repairs
- Baby held by partner with mother during surgical repairs
- Breastfeeding Baby taken to nursery for well baby observation

Any other preferences or concerns?

Care/Feeding of baby

- Mother or partner involved with feeding
- Will express colostrum and milk

Any other preferences or concerns?

Stillbirth or death of baby:

- An opportunity to hold and say goodbye to the baby in private_
- Mementos- lock of hair, hand or footprints
- An opportunity to discuss the baby's death with the doctor, midwife, nurses and doula or a counselor