



Holy Family
BIRTH CENTER
Birth as it was intended

My Birth Plan: (name) _____

Labor and Birth: Standard

- | | |
|---|---|
| <input type="checkbox"/> Freedom of movement | <input type="checkbox"/> No routine episiotomy |
| <input type="checkbox"/> Intermittent fetal monitoring | <input type="checkbox"/> Doula support encouraged |
| <input type="checkbox"/> Eating and Drinking encouraged | <input type="checkbox"/> Wear your own clothes |
| <input type="checkbox"/> Visitors at discretion | <input type="checkbox"/> Limited vaginal exam |

Labor and Birth: Options

- | | |
|---|---|
| <input type="checkbox"/> Water to break on its own | <input type="checkbox"/> Partner helps catch baby |
| <input type="checkbox"/> Water labor | <input type="checkbox"/> I help catch baby |
| <input type="checkbox"/> Water Birth | <input type="checkbox"/> Birth photography |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Name _____ |
| <input type="checkbox"/> Music | <input type="checkbox"/> Doula |
| <input type="checkbox"/> If GBS pos, accept antibiotic in labor | <input type="checkbox"/> Name _____ |

Options for labor encouragement past 41 weeks

- | | |
|--|--|
| <input type="checkbox"/> Membrane Sweep | <input type="checkbox"/> Spinning Babies Exercises |
| <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Miles Circuit | <input type="checkbox"/> Evening Primrose Oil |
| <input type="checkbox"/> Castor Oil | <input type="checkbox"/> Herbs |
| <input type="checkbox"/> Breast pumping | |

(see reverse side for postpartum planning)



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Postpartum: Standard

- Immediate skin-to-skin
- Delayed cord clamping
- Partner cuts cord
- Early breastfeeding
- 4-6 hour discharge
- Herbal bath offered

Postpartum: Options

- Facility disposes of placenta
- Encapsulate my placenta
- Take my placenta home
- I would like close follow up with a lactation consultant
- Meal _____

Baby Care: Standard

- Breastfeeding support by RN/CNM
- No formula feeding/Donor milk unless indicated
- No bath
- Exam delayed until after breastfeeding

Baby Care: Options

- Pediatrician/Family Practice _____
- Vitamin K injection
- Erythromycin eye ointment
- Circumcision (in office postpartum)
- Tongue tie revision if needed (at birth or scheduled in office postpartum)

Postpartum Mood Support

- I have a history of depression or anxiety
- I would like a 2-week mood check
- I plan to use progesterone postpartum
- Peaceful Postpartum course with Amber Todd
- Postpartum Doula Support

Other Notes: