

Birth Plan

Name: Hailey Johns

Date of Birth: 12/02/1995

Partner's Name: Jack Johns

Doctor/Midwife: Dr. Sharee Jackson

Hospital: St Claires

Due Date: 13/09/2023

Today's Date: 05/05/2023

Delivery Method

- ☒ Vaginal Delivery
- ☐ Assisted Vaginal Delivery
- ☐ Cesarean Delivery

Other:

Labor Preferences

- ☒ I would like to move around during my labor
- ☒ I would like to have IV fluids
- ☐ I would like to drink fluids during labor (if available)
- ☒ I would like to have 2 support people with me during my labor
- ☒ It is okay for medical trainees to attend my labor/birth
- ☐ It is not okay for medical trainees to attend my labor/birth

Other:

Pain Relief Preferences

- ☐ None
- ☐ Please don't offer options for pain relief unless I ask
- ☒ I don't know what pain relief I would like. Please discuss options with me

Other:

My Support People

Name	Phone number
Jack Johns	####
Jude Hunt	####
Jamie	####
Kate	####
Lucy	####

Environment Preferences

Quiet, friendly and dim. I will have music playing for active labor but I would like quiet when it is time to push

During Delivery

- ☒ I would like Jack present with me
- ☐ I would like a mirror to see my baby being born
- ☐ I would like music playing
- ☐ I would like the room to be quiet
- ☒ I would like pictures/videos to be taken
- ☒ For my baby to be placed on my chest immediately after birth
- ☐ I have selected a birthing position: _____
- ☒ I have no preference on birthing position

Other:

In the event of a cesarean delivery, I would like these people to be notified:

Name	Phone number
Jude Hunt	####
Kate	####
Lucy	###

In the event of a cesarean delivery, I would like the following support person to be present with me:

Name	Phone number
Jack Johns	####

After Birth

- ☒ My partner or support person to cut the umbilical cord
- ☐ Delayed cord clamping
- ☒ To deliver the placenta spontaneously and without assistance
- ☒ Save the placenta so I can take it home
- ☒ Skin to skin contact with my baby

Other:

Additional Preferences: