BIRTH PLAN

MOM INFORMATION

LEGAL DOCUMENT

WELCOME TO YOUR BIRTH PLAN. THIS IS AN IMPORTANT LEGAL DOCUMENT. IT IS RECOMMENDED TO BE SIGNED BY A HEALTH PROFESSIONAL. ONCE SIGNED, MAKE A PHOTOCOPY AND ENSURE IT IS PLACED ON THE FIRST PAGE OF YOUR MEDICAL RECORD. ALWAYS BRING A COPY WITH YOU.

THE PURPOSE OF THIS PLAN IS TO HELP YOU PREPARE FOR THE ARRIVAL OF YOUR BABY AND ENSURE YOUR PREFERENCES AND NEEDS ARE TAKEN INTO CONSIDERATION DURING LABOR, BIRTH, AND POSTPARTUM BY ALL MEDICAL STAFF AND BIRTH SUPPORT TEAM. YOUR BIRTH PLAN IS AN OPPORTUNITY TO COMMUNICATE YOUR CHOICES AND EXPECTATIONS FOR YOUR LABOR AND BIRTH.

PLEASE INDICATE YOUR PREFERRED TYPE OF BIRTH, PAIN MANAGEMENT OPTIONS, INVOLVEMENT OF YOUR PARTNER OR BIRTH SUPPORT PERSON, POSITION PREFERENCES DURING LABOR AND BIRTH, AND ANY OTHER RELEVANT INFORMATION. THE GOAL OF THIS PLAN IS TO HELP YOU HAVE A POSITIVE AND SAFE BIRTH EXPERIENCE WHILE RESPECTING YOUR RIGHTS AND DIGNITY AS A MOTHER AND A PATIENT.

YHM
YOUR HOLISTIC
MIDWIFE

YHM
YOUR HOLISTIC
MIDWIFE

BIRTH PLAN

MOM INFORMATION

LEGAL DOCUMENT: FORECAST

I CERTIFY THAT I HAVE READ THIS DOCUMENT: THE BIRTH PLAN

... ...

AND PLACED ON THE FIRST PAGES OF YOUR MEDICAL RECORD (INITIALS ON EVERY PAGE OF THE BIRTH PLAN)

ROLE _____

DATE _____

PLACE _____

NAME AND SURNAME _____

SIGNATURE _____

YOUR HOLISTIC MIDWIFE

BIRTH PLAN

MOM INFORMATION

NAME AND SURNAME 1

ADDRESS

TELEPHONE

USEFUL INFORMATION 2

- ☐ SSTREPTOCOCCUS B
- ☐ HERPES
- ☐ NEGATIVE BLOOD GROUP
- ☐ ALLERGIES
- ☐ TWIN PREGNANCY

OTHER:

ENVIRONMENT 3

- ☐ SOFT LIGHTS MUSIC
- ☐ MINIMAL INTERRUPTIONS
- ☐ WEAR YOUR OWN CLOTHING
- ☐ LIMITED TO MEDICAL PERSONNEL
- ☐

- ☐ MINIMUM VAGINAL VISITS:
- ☐ OTHER:

PAIN MANAGEMENT 4

- ☐ EPIDURAL
- ☐ GAS (NITROUS OXIDE)
- ☐ TENS
- ☐ MOVEMENT BREATHING ESSENTIAL
- ☐ OILS
- ☐ HYPNOBIRTHING
- ☐ MEDITATION/VISUALIZATION
- ☐ MASSAGE
- ☐ HOT WATER (SHOWER/BATH)
- ☐

POSITIONS LABOR/BIRTH 5

- ☐ SQUAT
- ☐ ON ALL FOURS
- ☐ STANDING
- ☐ ON THE SIDE
- ☐ ON THE BALL
- ☐ KNEELING/ALL FOURS
- ☐ IN WATER
- ☐ ON A STOOL/CHAIR
- ☐ ON THE TOILET
- ☐ OTHER:

TYPE OF BIRTH 6

- ☐ VAGINAL
- ☐ CAESAREAN
- ☐ IN THE WATER
- ☐ AT HOME
- ☐ TWIN
- ☐ BREECH
- ☐ VBAC

INDUCTION

- ☐ I PREFER SPONTANEOUS RUPTURE OF MEMBRANES

- ☐ ONLY IF STRICTLY MEDICALLY INDICATED
- ☐ PREFER TO TRY NATURAL METHOD

PAIN RELIEF

- ☐ PLEASE DO NOT OFFER THEM TO ME
- ☐ NO CANNULA
- ☐ I AM NOT AGAINST IT

PUSHING

- ☐ WAIT FOR THE URGE TO PUSH
- ☐ COACHED GUIDED PUSHING
- ☐ NO EPISIOTOMY
- ☐ NO FORCEPS OR VENTOUS
- ☐ I WANT TO USE THE MIRROR
- ☐

POST PARTUM 7

- ☐ SKIN TO SKIN
- ☐ DO NOT WASH THE BABY
- ☐ WASH THE BABY
- ☐ SKIN TO SKIN WITH MY PARTNER

UMBILICAL CORD

- ☐ DELAY CORD CLAMP
- ☐ PARTNER TO CUT THE CORD
- ☐ MIDWIFE TO CLAMP AND CUT THE CORD

GENDER OF THE BABY

- ☐ I ALREADY KNOW
- ☐ I WANT TO FIND OUT MYSELF
- ☐ THE MIDWIFE REVEALS IT

BREASTFEEDING

- ☐ YES
- ☐ NO, I PREFER ARTIFICIAL MILK

EXTERNAL SUBSTANCES:

- ☐ NO EYE OINTMENT IN THE BABY
- ☐ NO ARTIFICIAL MILK
- ☐ NO VITAMIN K
- ☐ NO SUGAR

YOUR HOLISTIC MIDWIFE

BIRTH PLAN

MOM INFORMATION

NAME AND SURNAME 1

ADDRESS

TELEPHONE

USEFUL INFORMATION 2

OTHER:

USEFUL INFORMATION 3

PAIN MANAGEMENT 4

POSITIONS LABOR/BIRTH 5

TYPE OF BIRTH 6

INDUCTION

PAIN RELIEF

PUSHING

POSTPARTUM 7

UMBILICAL CORD

SEX OF THE BABY

BREASTFEEDING

EXTERNAL

YOUR HOLISTIC MIDWIFE

BIRTH PLAN

MOM INFORMATION

NAME AND SURNAME 1

ADDRESS

TELEPHONE

USEFUL INFORMATION 2

OTHER:

USEFUL INFORMATION 3

PAIN MANAGEMENT 4

POSITIONS LABOR/BIRTH 5

TYPE OF BIRTH 6

INDUCTION

PAIN RELIEF

PUSHING

POST PARTUM 7

UMBILICAL CORD

SEX OF THE BABY

BREASTFEEDING

EXTERNAL

YOUR HOLISTIC MIDWIFE

BIRTH PLAN

MOM INFORMATION

OTHER REQUESTS:

YHM
YOUR HOLISTIC
MIDWIFE

BIRTH PLAN

MOM INFORMATION

OTHER REQUESTS:

YHM
YOUR HOLISTIC
MIDWIFE

BIRTH PLAN

MOM INFORMATION

OTHER REQUESTS:

YHM
YOUR HOLISTIC
MIDWIFE

BIRTH PLAN

MOM INFORMATION

OTHER REQUESTS:

YHM
YOUR HOLISTIC
MIDWIFE