

The Bon Bébé
DOULA

Birth Planning Worksheet

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My Thoughts About Birth

WHEN I THINK ABOUT GIVING BIRTH, I FEEL:

MY FEARS AND ANXIETIES ABOUT BIRTH:

BIASES I HOLD ABOUT BIRTH AND THE PEOPLE INVOLVED IN THE PROCESS:

MY PRIORITIES FOR THIS BIRTH:

STAGE 1 My Early Labor Plan

DISTRACTION TECHNIQUES

Activities, projects, or techniques to distract myself:

Music that makes me want to dance:

My favorite movies, TV shows, and books:

My favorite self-care activities:

EMOTIONAL SUPPORT

My support people are:

Ways I feel loved and supported:

Techniques that help me feel calm:

Things that cheer me up:

REST AND NOURISHMENT

My ideal environment for sleeping or napping is:

Nourishing snacks for early labor:

Techniques that help me feel rested:

Foods and snacks to prepare to bring to the hospital:

- [ ] Hospital bags are ready to go
- [ ] Phones and cameras are charged
- [ ] Birth team on standby
- [ ] Car seat is installed
- [ ] Car has gas/fuel
- [ ] Plans for older kids and pets in place

STAGE 1 Active Labor & Transition Plan

SETTING AND ENVIRONMENT

Environments that make me feel calm look and feel like:

My preferences for lighting and music:

Items to bring to help create a calm space:

I would like to labor wearing:

LABOR PREFERENCES

- [ ] Minimal cervical checks
- [ ] No artificial rupture of membranes
- [ ] Minimal monitoring unless I decide otherwise
- [ ] No routine IV
- [ ] I would like help to use a variety of positions
- [ ] I would like to use the bath and/or shower
- [ ] I would like to use a birth ball
- [ ] I will be using Hypnobirthing/ breathing techniques

PAIN MANAGEMENT

I would like to use medicinal pain relief:

- [ ] Yes
- [ ] No
- [ ] Maybe
- [ ] Please don't offer

Options I may like to try:

- [ ] Nitrous oxide
- [ ] Epidural
- [ ] Opioids
- [ ] Other: _____

SUPPORT & INFORMED CONSENT

Specific requests for my care team:

Concerns or questions regarding informed decision-making:

Support techniques my team should use:

I'd like my team to remind me:

STAGE 2 My Pushing & Birth plan

PREPARING TO PUSH

- [ ] I would prefer to "labor down" as long as possible
- [ ] Please provide instructions for pushing
- [ ] I would like to wait for the urge to push
- [ ] Please limit the number of staff in the room

PUSHING PREFERENCES

I would like to try a variety of pushing positions:

- [ ] Squatting
- [ ] Hands and knees
- [ ] Squat bar
- [ ] Backwards toilet
- [ ] Side lying
- [ ] Standing
- [ ] Birth stool
- [ ] Other

VISUALIZATION AND FOCUS

Visualization techniques or imagery for pushing that make sense to me include:

_____

_____

Ways my support team can help me focus:

_____

_____

BIRTH PREFERENCES

- [ ] Please provide perineal support with warm compresses
- [ ] No vacuum or forceps unless necessary/without consent
- [ ] I would like to use a mirror to see my baby be born
- [ ] No episiotomy unless necessary/without consent
- [ ] Please help myself or my partner to catch the baby
- [ ] Please do not announce baby's sex

IN CASE OF C-SECTION

- [ ] I would like to remain awake
- [ ] Please keep OR conversation to a minimum
- [ ] Please allow for a gentle cesarean
- [ ] Please allow immediate skin to skin
- [ ] Do not start surgery without my partner
- [ ] Please provide vaginal seeding

STAGE 3 my Placenta Delivery Plan

CORD CUTTING PREFERENCES

- [ ] Please delay cord clamping until cord is white
- [ ] My partner will cut baby's cord
- [ ] Please allow us to decide when to cut the cord
- [ ] We are collecting cord blood

PLACENTA PREFERENCES

- [ ] I prefer active management of the third stage
- [ ] I prefer expectant management of the third stage
- [ ] Please show me my placenta
- [ ] I would like to keep my placenta

REPAIR PREFERENCES

- [ ] Please explain any tears and suggested repairs to me
- [ ] I would like to hold baby during repairs
- [ ] Please top up my pain relief before repairs
- [ ] Please do baby's newborn exam as I receive repairs

OTHER THOUGHTS/NOTES

STAGE 4 my Postpartum Recovery Plan

POSTPARTUM RECOVERY

My priorities/goals for this stage are:

Specific preferences/concerns:

How do you envision the emotional support and bonding experience during this stage?

Are there specific rituals or practices that you would like to incorporate?

- [ ] Please help me shower and freshen up
- [ ] Please do not admit visitors
- [ ]
- [ ] Please offer snacks/drinks after birth
- [ ] Please limit postpartum staff

BABY CARE

- [ ] Please allow baby to remain skin to skin
- [ ] We plan to delay the newborn exam
- [ ] Partner to stay with baby in NICU
- [ ] Please do not bathe the baby
- [ ]
- [ ] Please perform checks and exams near me
- [ ] Please ask before giving baby medication
- [ ] Please do not take baby to the nursery
- [ ] Please do not offer bottles or pacifiers

FEEDING

- [ ] I plan to breastfeed
- [ ] Please help me with baby's first feed
- [ ] Please help me with hand expression/pumping
- [ ]
- [ ] I plan to formula feed
- [ ] I would like to feed baby within an hour of birth
- [ ] I would like to meet with a lactation consultant