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To: Caregivers at [Insert OB office here (primary doctor – Your Doctor)]

Obstetrical nursing staff of Your Chosen Hospital

From: Mother and Father

We have chosen to give birth at the maternity ward of Chosen Hospital because of their outstanding facility and great staff. We are requesting your help to attain our goals and have a happy, healthy birth. In the event of complications, we will give our full cooperation after an informed discussion with the doctor and private consideration between mother, father, and [doula](#).

First Stage of Labor:

- Those to be present at all times at the labor and birth: (father) and (doula)
- I would like to labor at home as long as possible and request the option to return home if I arrive at less than 5 cm dilated.
- I would like to have my birthing ball and back massager and request to have showers for pain relief when desired.
- If IV is deemed necessary, please use a [heparin lock](#) so that I can move around and walk as needed.
- Please no internal fetal monitoring unless emergency arises.
- Vaginal exams only upon consent and as few as possible to avoid rupture of membranes
- Please no pitocin or breaking of water unless deemed medically necessary
- No analgesia or anesthesia unless requested
- Freedom to move and walk during labor
- I would prefer no hospital gown – I will bring one from home.
- Quiet room, no excess staff please

Second Stage Labor :

- Choice of position for pushing; please no stirrups
- Mother chooses when to push
- No [episiotomy](#), please
- If delivery assistance is needed, please use suction instead of forceps.
- Please place baby on mother's abdomen after birth, unless medical intervention is necessary.
- Cord to be cut by father, after pulsing stops
- Breastfeed immediately to help birth placenta – no pitocin, uterine massage, or pulling of cord please
- Keep lights low
- If stitching is necessary, please use local anesthetic.

Third Stage Labor:

- Newborn to stay with parents at all times; no nursery visits please
- Please delay all routine exams for _____ to allow for bonding time.
- Please perform all physical exams and procedures in room with parents.

- If warming is needed, baby is to be placed on mother's chest with blankets.
- Breastfeeding only: no bottles, pacifiers, artificial nipples, formula, or water
- Father to stay with baby and mother at all times

We thank you in advance for your support and kind attention to our choices. We look forward to a wonderful birth.

NOTE: In the event of a c-section, I would like (father) and (doula) to be present. Please let the baby remain with mother until stitched up and ready to be moved to recovery.

Father

Mother

Physician

- See more at: <http://thehumbledhomemaker.com/2012/08/a-sample-hospital-birth-plan.html#sthash.s0bqjp2n.dpuf>