

Bonded Birthing Plan

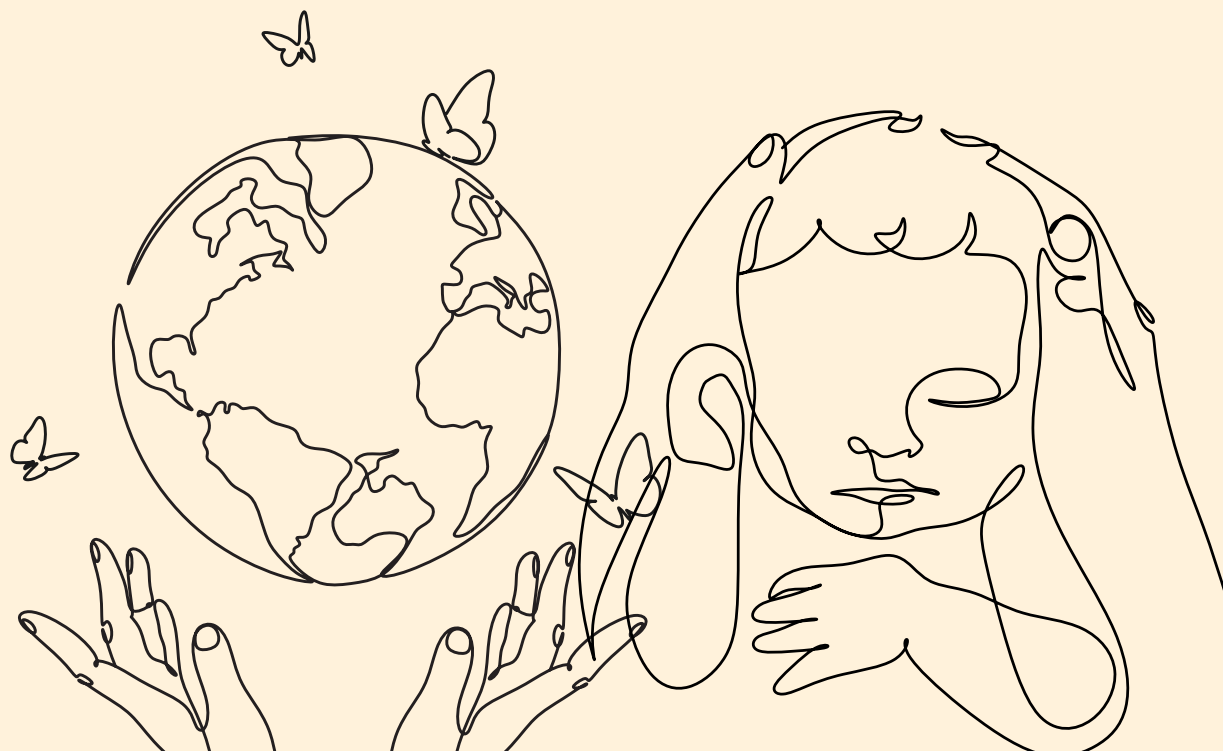
Name: _____

DOB: _____

Partner Name: _____

Birth Location: _____

EDD: _____



Planned Birth Type:

Planned Support People:

Planned labor supports:

I'm not interested in (enema, pubic shaving, catheter, etc):

Please don't give baby:

- [] Vitamin K
[] Antibiotic eye treatment
[] Sugar water
[] Formula
[] A pacifier

I'd like baby's first bath given:

- [] In my presence
[] In my partner's presence
[] By me
[] By my partner

Immediately after delivery, I would like:

- [] My partner to cut the umbilical cord
[] The umbilical cord to be cut only after it stops pulsating
[] To bank the cord blood
[] To donate the cord blood
[] To deliver the placenta spontaneously and without assistance
[] To see the placenta before it is discarded
[] Not to be given Pitocin/oxytocin

If a C-section is necessary, I would like:

- [] A second opinion
[] To make sure all other options have been exhausted
[] To stay conscious
[] My partner to remain with me the entire time
[] The screen lowered so I can watch baby come out
[] My hands left free so I can touch the baby
[] The surgery explained as it happens
[] An epidural for anesthesia
[] My partner to hold the baby as soon as possible
[] To breastfeed in the recovery room

I would like to hold baby:

- [] Immediately after delivery
[] After suctioning
[] After weighing
[] After being wiped clean and swaddled
[] Before eye drops/ointment are given

I would like to breastfeed:

- [] As soon as possible after delivery
[] Before eye drops/ointment are given
[] Later
[] Never

I'd like my family members (_____):

- [] To join me and baby immediately after delivery
[] To join me and baby in the room later
[] Only to see baby in the nursery
[] To have unlimited visiting after birth

I'd like baby's medical exam and procedures:

- [] Given in my presence
[] Given only after we've bonded
[] Given in my partner's presence
[] To include a heel stick for screening tests beyond the PKU
[] To include a hearing screening test
[] To include a hepatitis B vaccine

I'd like to feed baby:

- Only with breastmilk
- Only with formula
- On demand
- On schedule
- With the help of a lactation specialist

I'd like baby to stay in my room:

- All the time
- During the day
- Only when I'm awake
- Only for feeding
- Only when I request

I'd like my partner:

- To have unlimited visiting
- To sleep in my room

If we have a boy, circumcision should:

- Be performed
- Not be performed
- Be performed later
- Be performed with anesthesia
- Be performed in the presence of me AND/OR my partner

As needed post-delivery, please give me:

- Extra-strength acetaminophen
- Percoset
- Stool softener
- Laxative

After birth, I'd like to stay in the hospital:

- As long as possible
- As briefly as possible

If baby is not well, I'd like:

- My partner and I to accompany it to the NICU or another facility
- To breastfeed or provide pumped breastmilk
- To hold him or her whenever possible

5 Goals for this birth:

1. _____

2. _____

3. _____

4. _____

5. _____

