

Natural Birth Plan Brainstorming

Introduction: tell the staff something about yourself and partner.	
Anything particular staff should know about you and/or your partner?	
Potential fears and concerns going into labor & delivery	
Procedures to research. Such as IV fluids, eating, induction & pitocin etc.	
Procedures you're okay with as needed	
Procedures you're not okay with. Alternatives?	
Comfort measures you want to try (list them all)	
Care of your newborn . What, if any, procedures are okay to perform?	
How to handle unexpected events such as c section.	
Misc notes	

COMFORT MEASURES CHECKLIST

Body Positions/Movement

- Standing, leaning, slow dancing
- Walking
- Lunges
- Kneeling leaning forward
- Kneeling on one knee
- Sitting up
- Sitting Straddling a chair
- Birth ball (sitting, leaning)
- Lying down & side lying
- Semi-reclining
- Supine with tilt to side
- Squatting and/or supported squat
- Lap squatting

Heat/Warm Packs

- To low abdomen/groin
- To perineum
- To low back

Cold/Ice Packs

- To low back
- To forehead, back of neck, upper chest
- To perineum afterbirth

Emotional Support

- Feedback & verbal reminders
- Encouragement & reassurance
- Give unsolicited praise after each contraction
- Patience & confidence in woman
- Undivided attention &
- Eye contact
- Take charge routine
- Anticipatory guidance & progress reports
- Firm embrace
- Match her mood

Comfort Touching

- Acupressure
- Hand and foot rub
- Light stroking
- Firm pressure
- Crisscross on back
- Holding
- Hugging
- Resting touch
- Massage tools

Specific Back Measurements

- Counterpressure
- Double hip squeeze
- Hands & knees with/out birth ball
- Pelvic rocking (rebozo)
- Lunge, asymmetrical positions
- Walking/movement
- Slow dancing
- Abdominal lift (rebozo)
- Crisscross on back

Relaxation/Tension Release

- Relaxation
- Roving body check
- Slow full breaths
- Light breathing
- Vocalization
- Encourage her to express herself freely

Hydrotherapy

- Bath/jetted tub
- Shower

Misc

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NATURAL BIRTH PLAN FOR:

LABOR PREFERENCES

Environment

- _____ Dim lighting
- _____ Soft music
- _____ Limited interruptions

Movement During Labor

- _____ Freedom to walk
- _____ Use of birthing ball or chair
- _____ Shower/Tub

Hydration and Nutrition

- _____ Eat and Drink as desired
- _____ IV fluids as needed
- _____ Saline lock

Monitoring Baby

- _____ Continuous fetal monitoring
- _____ Intermittent monitoring
- _____ No monitoring

Use of Medication

Yes/No

Offer pain medication yes/no

Medication listed okay:

DELIVERY PREFERENCES

Delayed Cord Clamping

Yes/No

Immediate Skin to Skin

Yes/No

Newborn Procedures

- _____ Hep B shot
- _____ Vitamin K shot
- _____ Erythromycin ointment
- _____ PKU
- _____ Bath
- _____ Circumcision

Feeding

- _____ Breastfeeding
- _____ Bottle feeding
- _____ Combination

Visitors

Yes/No | Visitors list

EMERGENCY CONTACTS

NATURAL BIRTH PLAN FOR:



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