

Natural Birth Plan

Unmedicated labor in a hospital or birth center

birthplan.net

Name: _____

Birth partner(s): _____

Hospital / birth center: _____

Allergies: _____

Due date: _____

Doctor / midwife: _____

Baby's doctor: _____

Medical notes (e.g. GBS status): _____

I am hoping for an unmedicated birth. I know labor is unpredictable, and I trust you to tell me if my baby or I need more help. Please support me in coping without medication unless I ask for it.

LABOR ENVIRONMENT

- ☐ Dim lights, quiet voices, door closed
- ☐ My own music and clothes
- ☐ Stay home until active labor if safe
- ☐ Doula and partner present at all times
- ☐ Eat and drink freely

Other: _____

COPING WITH PAIN

- ☐ Please don't offer pain medication - I will ask
- ☐ Breathing, visualization or hypnobirthing
- ☐ Shower, bath or birth pool
- ☐ Massage and counter-pressure
- ☐ TENS machine
- ☐ Birth ball, walking, position changes

Other: _____

IF I ASK FOR PAIN RELIEF

- ☐ Remind me of my goal and suggest a position change first
 - ☐ Offer a check so I know my progress
- My code word for 'I really want medication': _____
- ☐ Try nitrous oxide before an epidural

MONITORING AND INTERVENTIONS

- ☐ Intermittent monitoring (handheld Doppler)
- ☐ No routine IV - saline lock only if needed
- ☐ Minimal vaginal exams
- ☐ No artificial rupture of membranes unless needed
- ☐ Discuss any oxytocin (Pitocin) with me first

Other: _____

PUSHING AND BIRTH

- ☐ Push with my body's urges, no counting
- ☐ Upright, hands and knees or side-lying
- ☐ Warm compresses and slow birth of the head
- ☐ No episiotomy unless baby needs it
- ☐ I or my partner catch the baby

Other: _____

RIGHT AFTER BIRTH

- ☐ Immediate skin-to-skin for at least an hour
- ☐ Delayed cord clamping (wait until it stops pulsing)
- ☐ Partner cuts the cord
- ☐ Physiological third stage if my care team agrees
- ☐ Breastfeed / chestfeed in the first hour

Other: _____

NEWBORN CARE

- ☐ Do newborn checks with baby on my chest or in the room
- ☐ Please ask us before any procedure or supplement
- ☐ Vitamin K injection
- ☐ Antibiotic eye ointment
- ☐ Hepatitis B vaccine before we go home
- ☐ Delay the first bath (ideally 24 hours or more)
- ☐ Circumcision (if a boy): yes / no / undecided
- ☐ Baby rooms in with us

Other: _____

IF PLANS CHANGE

- ☐ If medication becomes necessary, explain the options
- ☐ My partner stays with me throughout
- ☐ Talk me through what is happening
- ☐ Clear or lowered drape to see baby born
- ☐ Skin-to-skin in the operating room if baby is well
- ☐ Partner does skin-to-skin if I can't
- ☐ Delayed cord clamping if baby is well
- ☐ Baby stays with me in recovery

NOTES