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**Birth Plan**

We are very excited to be working with (OB or Midwife’s Name) and (Name of Hospital) Hospital staff as we welcome our first child into the world. We look forward to sharing this joyous occasion with you.

**Our goal is a totally unmedicated birth** and we appreciate all the support and encouragement you can provide. We believe (Name)’s active participation as the birth coach, along with the care of our Doula, (Doula’s Name), will enable (Birthing Parent’s name) to achieve a natural birth. **Our top priority for (Birthing Parent’s Name) and the baby to baby. Assuming (Name) and baby are fine, these are our preferences:**

**To experience a drug-free labor and birth:** We are fully aware of our options and request that the staff not ask (Birthing Parent’s name) pain scale or offer pain medication.

**To avoid the use of the following medical interventions:**

* We do not consent to artificially rupturing membranes or artificial augmentation of labor (including Pitocin during labor). Please discuss these interventions with us if they become necessary.
* We do not consent to an episiotomy. Please discuss this intervention with us if one is necessary.
* Measures that inhibit mobility (IV – (Birthing Parent’s name) is okay with a saline lock, intermittent EFM only please).

**We would appreciate:**

* **If staffing allows, a nurse is passionate about natural childbirth.**
* The ability to use natural labor techniques to start, speed, or manage labor.
* The ability to eat and drink during labor.
* Encouragement during delivery to use instinctive, natural pushing techniques and positions, free of time limitations.
* No soaps, iodine, or mineral oil to be used in or around the birth canal.
* If lubrication is needed, please use organic olive oil or arnica oil which I will provide.

**After the birth of our baby:**

* Uninterrupted skin to skin contact until baby has fed. (Nursing Parent’s name) and baby covered with blankets if necessary for warmth.
* (Name) would also like to do skin to skin. Please help facilitate skin to skin when they are ready.
* No routine suctioning with the blue bulb syringe.
* Please consent (Name) before administering postpartum Pitocin.
* Delay clamping of the umbilical cord until pulsating has stopped. Parents would like to feel the cord before it is clamped.
* (Name) will be offered opportunity to cut cord, but no pressure if he/she doesn’t want to.
* The following procedures on our baby should be *delayed until parents are ready: Vitamin K shot, eye ointment, weighing of the baby*. All other newborn procedures (baby assessment, heart rate, temperature, measurements, cleaning, etc.) to be on (name)’s chest. We will decline the Hepatitis B for now.
* We would like to give our baby his or her first bath no earlier than 12 hours after the baby is born.
* We chose **not** to circumcise if our child is a boy.

We understand that no natural event can be scripted and that unforeseen circumstances occur. **The health of (name**) **and our baby are of utmost importance.** We have full confidence in our birth team and their professional opinions. Should a situation arise that requires deviation from our plan we know our birth team will discuss the risks and benefits of any procedure prior to taking action. Thank you for considering and honoring our desires and supporting us in having a natural childbirth.