

's Incredible Birth Day© Plan

Support Person(s):

Baby's Name / Gender (or surprise):

LABOR



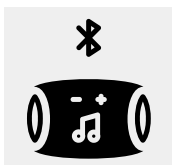
Use of water



Dim lights



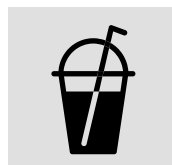
Heat/cold packs



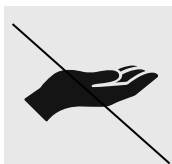
Music



Essential oils



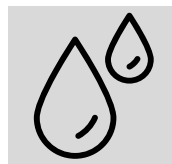
Frequent snacks



Limit cervical
checks



Birth ball

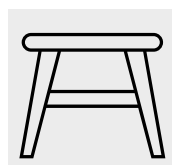


Waters break
spontaneously

BIRTH



Water birth



Birth stool



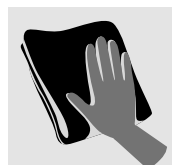
Midwife Helps Mom
& Partner Catch



Quiet Room- no
directed pushing



Birth mirror



Warm compress



Reminder to empty
bladder before pushing

Other Considerations:

BIRTH ROOM:

PLEASE RATE YOUR ORDER OF PREFERENCE



Contemporary



Cosmo



Classic

There will be opportunities for vaginal checks throughout your labor and birth. What would you like us to know about your boundaries around physical touch / examinations?

NEWBORN CARE



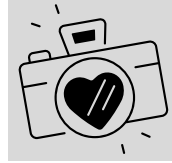
Antibiotic
eye ointment



Vitamin K: shot



Vitamin K: oral
(bringing with me)



Take post-birth
family photo

Family Nurse Practitioner / Pediatrician:

Baby's Feeding Plan (circle all that apply)



Breastfeeding
exclusively



Pumping/Bottle feeding



Formula feeding

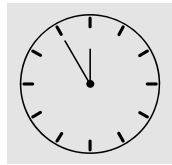
POSTPARTUM CARE PLAN



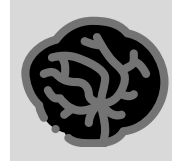
Active management



Partner cuts cord



Delay cord
clamping >5 min



Save placenta

We believe in building a Postpartum Support System of at least 5 people. These can be family, friends, lactation consultants, neighbors, postpartum doulas, or anyone else who will support your family postpartum.

Who is your Postpartum Support System?

New Birth Company

How much time is Mom
taking off work (if applicable):

How much time is Partner
taking off work (if applicable):
