

# 's Incredible Birth Day© Plan

Support Person(s):

Baby's Name / Gender (or surprise):

## LABOR



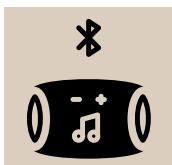
Use of water



Dim lights



Heat/cold packs



Music



Essential oils



Frequent snacks



Limit cervical  
checks



Birth ball

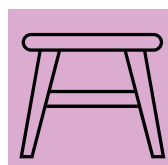


Waters break  
spontaneously

## BIRTH



Water birth



Birth stool



Midwife Helps Mom  
& Partner Catch



Quiet Room- no  
directed pushing



Birth mirror



Warm compress

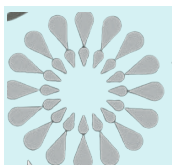


Reminder to empty  
bladder before pushing

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



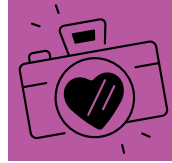
Antibiotic  
eye ointment



Vitamin K: shot



Vitamin K: oral  
(bringing with me)



Take post-birth  
family photo

Family Nurse Practitioner / Pediatrician:

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Baby's Feeding Plan (circle all that apply)



Breastfeeding  
exclusively



Pumping/Bottle feeding



Formula feeding

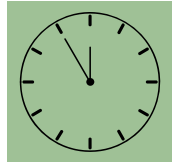
## POSTPARTUM CARE PLAN



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

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

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

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