

# Your personal birth experience

Your personal birth plan gives you a chance to think about and discuss with your partner and your caregiver, how you'd like your baby's birth. You can't control every aspect of labor and delivery but a printed document gives you a place to make your wishes clear.

Your safety and the safety of your baby may require an unexpected change to your birth experience.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Partner's name \_\_\_\_\_ Email address \_\_\_\_\_

Phone \_\_\_\_\_ Due date \_\_\_\_\_ Name of doctor or midwife \_\_\_\_\_

Delivering hospital \_\_\_\_\_ Doula \_\_\_\_\_

## Labor and delivery

### Preparation

- I would prefer to walk around – mobility is important to me.
- I would prefer continuous fetal monitoring.
- I would prefer intermittent fetal monitoring as long as I meet the medical criteria.
- I would like the option of hydrotherapy (shower or tub) during labor **if it is available and I meet the criteria.**
- I would like the option of taking my placenta home after delivery unless it is needed for medical testing.

### Anesthesia/pain medication

- I would prefer to labor without pain medication – I will ask if I would like something for pain; please do not ask me.
- I would like to try IV pain relief medications before trying an epidural.
- I would like an epidural.

### Environment/comfort and relaxation aids

- I would like help with limiting my visitors.
- I would like my children to be present; I understand that another adult must supervise children under 16.
- I would prefer dim lighting.
- I would like music therapy.

### During labor and birth

- If a C-section is needed, I would like a clear drape, **if available.**
- I would prefer to labor naturally unless interventions are medically necessary.
- I would like a mirror present to view birth.
- I would like to be able to touch my baby's head when it crowns.
- I would like for my support person to support my legs when I push.
- I would like to use available equipment during labor/pushing such as fitball, peanut ball, squat bar or birthing stool, **if available.**
- I would like to try different positions during pushing.
- I would like to wait to push until I feel the urge.
- My support person would like to cut the cord; I understand this may not be possible for a C-section.
- I would like cord clamping delayed if it meets medical criteria.
- I would like my baby placed skin-to-skin after birth, if my baby is stable.
- I would like to breastfeed after birth.
- I would like for my baby's first assessment to be done in the presence of myself and/or my support person.

Name \_\_\_\_\_

## Postpartum

### After birth

- I would like to be discharged as soon as medically appropriate post-delivery.
- Please offer my pain medication when it is due; I prefer not to have to ask for it.
- I would like to shower after birth.
- I plan on having my child circumcised.
- I do not plan on having my child circumcised.
- I would like help to limit my visitors during my stay.
- I would like my newborn photographed using the hospital vendor before discharge **if available**.

### Feeding methods

- I plan on breastfeeding.
- I do not want my baby given any formula unless medically necessary and with my consent.
- If my baby requires supplementation, I am interested in an alternative feeding method other than a bottle.
- I prefer my baby not have a pacifier.
- I would like to see a lactation specialist if available.
- I plan on formula feeding.

## Rooming in

- If I'm sleeping, please do not wake me to offer pain medication.
- I would like my support person to stay with me during the night.
- I would like to participate in the discussion of my plan of care; please wake me if I am sleeping at shift change.
- I prefer my baby not be separated from me during any exams or procedures.

Is there anything else you would like us to know about you or your family?

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Please complete this form and bring it to the hospital when you go into labor. You can also email your completed form to [chebirthingexperience@corewellhealth.org](mailto:chebirthingexperience@corewellhealth.org)

I understand that my birthing experience preferences will depend upon my condition, as well as the status of my baby. I have discussed this birth experience form with my physician or midwife.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Corewell Health has a number of resources to help you manage your pregnancy, prepare for labor and birth and get ready to bring your new baby home. For more information, visit [beaumont.org/maternity](https://beaumont.org/maternity)



Free parent education videos.  
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