

Planning for Your Child’s Birth

As you prepare and look forward to the birth of your child (children), please fill out the Birth Plan below to help your care team understand your wishes for your labor and delivery. There will be ongoing discussion with your care team during labor and birth about any recommendations made for healthy labor and birth. We want you to know we will do all we can to honor your preferences while always protecting the health and safety of you and your baby.

Please, bring this with you to the hospital to help your care team know your preferences.

- Name (the name you prefer to be used by your providers): _____

Labor/Delivery

During your labor and delivery, vaginal and cervical exams may be offered so we may better assess your progress. Additional interventions, such as inductions or augmentation of labor, episiotomy, use of forceps or vacuum assistance will also be offered, when medically indicated. We are a teaching institution so throughout the process of your labor and delivery, medical students or residents may be present and included in your care team.

[General FAQ for the Birthplace](#)

[Visitor Guidelines](#)

General

- Do you require interpreter services? _____
If so please provide the language needed: _____
- Who will be your support person (ONE individual)? _____

Labor Preferences (check all that apply)

- I would like to be able to move around as I wish during labor
- I would like to be able to eat and drink as approved by provider
- I would like my support person to be present the entire time
- I plan to hire a doula for additional support during my labor and birth

Comfort During Labor (check all that apply)

- Soft music (bring music source/player with you)
- Intermittent fetal monitoring if appropriate or portable fetal monitors
- Labor props (peanut ball, stool, squat bar, a mirror to watch while pushing are provided. You must bring your own birth/yoga ball and pump if desired)
- Shower (bring a bathing suit for your partner)
- Aromatherapy
- Battery operated candles (no open flame allowed)
- For the lights to be dimmed

Fetal Monitoring (check your preference)

Fetal monitoring is often recommended during labor to monitor the baby during this process.

- Continuous
- Intermittent
- Using a portable monitor if available

Photography

Please note a birth photographer would count as one of the two visitors allowed.

- Would you like photos taken throughout your birth and delivery? _____
- Who will be taking these photos? _____

Pain Management During Labor (check your preference)

You may have a plan or might change your mind as labor progresses.

- Unmedicated labor and delivery
 - IV pain medication
 - Nitrous oxide
 - Epidural analgesia
 - Keeping an open mind
 - Other options you have discussed with your obstetrician or midwife: _____
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Delivery/Birth Preferences

Birth Practices (check all that apply)

Many preferences are standard practice at UCLA, as long as everyone is safe and healthy.

- Skin-to-skin immediately after vaginal delivery
- Skin-to-skin after Cesarean section, as soon as practical
- Delay of vitamin K and antibiotic eye ointment
- Delay of bath
- Keeping families together at all times, unless there is a medical indication

Vaginal Birth (check all that apply)

- To push in any position I prefer
- To use a mirror to see the baby's birth
- For the room to be as quiet as possible
- My support person to help support me during the pushing stage
- For my support person to cut the umbilical cord
- For the lights to be dimmed
- If safe and possible, I would like to have delayed clamping and cutting of the umbilical cord
- I have made prior arrangements for storing umbilical cord blood
- I would like to keep my placenta

Support Plan (check all that apply)

- I would like one of my support people to hold the baby after delivery if I am not able to
- I would like one of my support people to go with my baby to the nursery or NICU
- I would like my support person to know what shots my newborn will receive

Cesarean Section (if necessary) (check all that apply)

- My support person to remain with me (1 person allowed in the Operating Room)
If so, please provide their name: _____
- The drape to be lowered as the baby is born
- To have skin to skin in the operating room if possible

Circumcision

- If my baby is assigned male at birth, I would like him circumcised at the hospital or birth center, if possible

Feeding your Baby

Our Birthplace locations are designated as Baby-Friendly Hospitals by Baby-Friendly USA. UCLA Health is committed to giving families the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies after birth. In cases where patients have a medical indication or have made an informed decision to use formula, the safe preparation and feeding of formula is provided to families.

What is your plan for feeding your baby? **(check all that apply)**

- Exclusive breastfeeding
- Bottle feeding
- Formula
 - Donor human milk
 - Antenatal Milk Expression
- Combine breastfeeding and bottle feeding
- Breast pump is available at home, if needed
- Other preferences as discussed with your obstetrician or midwife: _____