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**Medicated (Epidural) 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 for our family to have the most comfortable birth possible** 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 have the best birth possible. **Our top priority for (Birthing Parent’s name) and baby to be healthy. Assuming (Name) and baby are fine, these are our preferences:**

**To experience the most comfortable birth possible:** For (Birthing Parent’s name) and the New Baby, this includes being open to a combination of medical and natural procedures.

**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.

**We would appreciate:**

* Encouragement to “Labor Down” during delivery and to use instinctive, natural pushing techniques and positions, free of time limitations.
* Measures taken to reduce tearing (natural pushing techniques with controlled pushing at crowning, counter pressure on perineum, and warm compresses).
* No soaps or Betadine to be used in or around the birth canal.
* If lubrication is needed, please use organic olive oil or arnica oil which we will provide

**After the birth of our baby:**

* Uninterrupted skin to skin until baby has had their first feeding
* No routine suctioning with the blue bulb syringe
* Please consent (Name) before administering postpartum Pitocin
* (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 its first **bath 12 hours after birth**, and (Name) will stay with baby for any procedures that must be done in another room.
* Absolutely no artificial nipples, pacifiers, bottles, or formula be offered to baby unless recommended by pediatrician and permission given by both parents.
* Parents and baby intend to room in and will not send baby to nursery for any length of time.
* We choose **not** to circumcise.
* We would like to be visited by a lactation consultant.
* Visitors should be turned away until we have had time to bond with the baby.

We understand that no natural event can be scripted and that unforeseen circumstances occur. **The health of (name) and 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.