



Saye Birth
Doula LLC

thesayebirthdoula.com

Planning is Powerful

Birth Preference Guide

A brief guide for creating your ideal birth plan, ensuring a safe birth and fostering positive outcomes

Education is Empowering

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A Few Things Before We Begin

Before you begin to list your birth preferences in a birth plan, take a moment to check off some key items on the list. Keep in mind that birth plans don't assure your birthing experience will unfold exactly as you've envisioned. Birth might take unexpected turns, however having a plan is more about being well-informed, knowing your options, and asking the right questions. It's about having your birth team and providers all on the same wavelength for your labor so you feel safe knowing they will default to your choices.

Think of the birth plan as a tool for both education and empowerment. With your personalized plan, you can prepare for a birth that's not just positive but also powerful and profoundly meaningful to you.



Research

Know your pros and cons for medical interventions, induction, birth place, and c-sections



BRAIN

Make your decisions using reasoning, moral judgement and medical implications: Benefits, Risk, Alternatives, Intuition, Nothing



"I" Statements

Theses are very important sentences that communicate wishes. They may also represent your fear, concerns, traumas and how you wish for doctors and nurses to perceive your emotional responses



Identify Triggers

What past traumas or memories come up when you think of labor? Example receiving an epidural needle, pain, cervix checks, being confined to a room for days, multiple strangers around, or physical touch. This list could include so much more so think hard so you can include solution in your plan.

Let's Get Started ...



Birth Plan Form

Personal Details

NAME	<input type="text"/>	PRONOUNS	<input type="text"/>
PREFERRED NAME	<input type="text"/>	CARE PROVIDER TYPE	<input type="checkbox"/> Midwife
DUE DATE/ INDUCTION DATE	<input type="text"/>		<input type="checkbox"/> OBGYN
HOSPITAL/ HOME ADDRESS	<input type="text"/>	CARE PROVIDER NAME	<input type="text"/>

Birth Team Details: I would like these people present:

	NAME	PHONE NUMBER	EMERGENCY CONTACT
<input type="checkbox"/> PARTNER	<input type="text"/>	<input type="text"/>	NAME <input type="text"/>
<input type="checkbox"/> CHILD(REN)	<input type="text"/>	<input type="text"/>	PHONE NUMBER <input type="text"/>
<input type="checkbox"/> OTHER FAMILY	<input type="text"/>	<input type="text"/>	RELATIONSHIP <input type="text"/>
<input type="checkbox"/> DOULA	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> TRANSLATOR	<input type="text"/>	<input type="text"/>	

NO STUDENTS: STAFF LIMITED TO NURSES AND DOCTORS

Delivery Details

MY DELIVERY IS PLANNED AS	COMFORT MEASURES	CLOTHING
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> MUSIC	<input type="checkbox"/> HOSPITAL CLOTHES
<input type="checkbox"/> C-SECTION	<input type="checkbox"/> LOW LIGHTS	<input type="checkbox"/> OWN CLOTHES
<input type="checkbox"/> INDUCTION	<input type="checkbox"/> AROMATHERAPY	<input type="checkbox"/> NAKED
<input type="checkbox"/> HOSPITAL BIRTH	<input type="checkbox"/> AFFIRMATIONS	<input type="checkbox"/> BRA/ UNDERWEAR
<input type="checkbox"/> WATERBIRTH	<input type="checkbox"/> PRAYERS/BLESSINGS	
<input type="checkbox"/> VBAC	<input type="checkbox"/> QUIET ROOM	
<input type="checkbox"/> BIRTH CENTER	<input type="checkbox"/> SILENT/ NO TALKING	
<input type="checkbox"/> HOMEBIRTH	<input type="checkbox"/> RICE SOCKS	
	OTHERS <input type="text"/>	

Before Birth: During labor I would like to...

HYDRATION	FOOD & LIQUIDS	SUBMERGE IN WATER	VAGINAL EXAM/ CERVIX CHECKS
<input type="checkbox"/> DRINK WATER	<input type="checkbox"/> FOOD AS DESIRED	<input type="checkbox"/> BIRTH POOL	<input type="checkbox"/> AS USUAL
<input type="checkbox"/> NO IV FLUIDS	<input type="checkbox"/> ICE CHIPS/POPSICLES	<input type="checkbox"/> TUB	<input type="checkbox"/> LIMIT CERVIX CHECKS
<input type="checkbox"/> SALINE LOCK	<input type="checkbox"/> LIQUIDS (WATER & JUICE)	<input type="checkbox"/> SHOWER	<input type="checkbox"/> NO EXAMS/ CHECKS
<input type="checkbox"/> IV PLACEMENT	<input type="checkbox"/> COCONUT WATER		
<input type="checkbox"/> AS MEDICALLY NEED	<input type="checkbox"/> HERBAL TEA		
<input type="checkbox"/> CONTINUOUS FLUIDS	<input type="checkbox"/> FRUITS		

TOUCHING

WITH CONSENT ONLY NO TOUCHING MESSAGES

BIRTH EQUIPMENT	MOVEMENT
<input type="checkbox"/> BIRTH BALL	<input type="checkbox"/> WALKING THE HALLS
<input type="checkbox"/> PULLING SHEET/ REZOBO	<input type="checkbox"/> MOVE AROUND THE ROOM
<input type="checkbox"/> SQUAT BAR	<input type="checkbox"/> STAIRS/CURB WALKING
<input type="checkbox"/> PEANUT BALL	<input type="checkbox"/> STRETCHING

Birth Plan Form

During Labor cont...

PHOTOS/VIDEO

- BIRTH PARTNER TO TAKE PHOTOS/ VIDEO
- NO PHOTOS/VIDEOS
- BIRTH PHOTOGRAPHER
- VIDEO/PHOTOS ONLY WHEN CLOTHED

FETAL MONITORING

- ONLY IF BABY IS IN DISTRESS
- DOPPER
- EXTERNAL MONITORING
- INTERNAL MONITORING
- INTERMITTENT
- CONTINUOUS
- WIRELESS MONITORING

Labor Interventions

WATERBREAKING

- SPONTANEOUS (PROM)
- MEMBRANE RUPTURING (AROM)
- ONLY IF MEDICALLY NEEDED

Interventions I'm not interested in:

INTERVENTIONS

- NATURAL ONLY
- MEDICAL
- MEMBRANE SWEEPING
- FOLEY BALLON
- FORCEPS
- IV PAIN MEDICATION
- PITOCIN/ SYNTOCINON
- MISOPROSTOL (CERVIDEL, CYTOTEC)
- VACUUM

For Pain Relief: I would like to use

- NATURALLY
- EPIDURAL
- COLD CLOTH
- ACUPUNCTURE POINTS
- BREATHING TECHNIQUES
- IV PAIN MEDICATION
- TENS MACHINE
- MOVEMENT
- NITROUS OXIDE
- COUNTER PRESSURE
- HYPNOBIRTH
- HEAT PACK/PAD

During Delivery: I would like to

PERINEUM

- TEAR NATURALLY
- EPISTOMONY (BE CUT)
- HEAT PACK ON PERINEUM
- USE OIL NO MASSAGE
- OIL MASSAGE

PUSHING

- NO PUSHING ON MY BACK
- PUSH STANDING UP
- USE A MIRROR
- PUSH SIDE-LYING
- OTHERS
- PUSH ALL 4
- PUSH SQUATTING
- TOUCH BABY HEAD
- PUSH WHEN I FEEL THE URGE
- GUIDED PUSHING
- BREATHE BABY OUT
- PUSH ON MY BACK
- PUSH ON TOLIET

WHO CATCHES BABY

- OBGYN
- I WANT TO HELP CATCH MY BABY
- PARTNER CATCHES BABY (NON HOSPITAL BIRTH)

During Delivery: If a c-section I'd like

- CLEAR/LOWER DRAPES
- ALL OPTIONS EXHAUSTED
- GENTLE C-SECTION DELIVERY
- PHOTOS TAKEN
- TO BE AWAKE
- MUSIC PLAYED
- QUIET ROOM
- VAGINAL SEEDING
- IMMEDIATED SKIN TO SKIN
- SAY AFFIRMATION/PRAYERS
- ESSENTIAL OIL ON WASHCLOTH
- SAY AFFIRMATION/PRAYERS
- SURGERY EXPLAIN IN DETAIL
- ARM REMAIN FREE
- PARTNER STAYS WITH BABY
- ACCESS LACTATION CONSULTANT ASAP

Now that you seen all your options. Let's Shorten this Birth Plan and Clean it up to reflect your clear choices



Tips for Birth Plan Review With Your Doctor & Nurses

- Keep your birth plan simple, remove unnecessary options that don't fit into your plan
- Review with your doctor and ask that it be placed in your file for birth
- When things are not happening according to the birth plan, ask questions and advocate your wishes with BRAIN(Benefits, Risk, Alternatives, Intuition and Nothing).
- You may ask your provider “ How does this option fit into my plans for_____ or if I consent to this procedure will it affect me being able to _____ later”
- Always ask if you can have time to process the changes that are happening before you make a decision.



“I” Statements Example and Tips

Make your “I” statements as detail as possible. Reflect on how you would like to communicate very important information if you were unable to talk at the time(what would you say, be firm, and concise).

Examples:

- I do not wish for students to be in my delivery room or apart of my delivery team
- If pitocin is necessary, I do not wish for pitocin to exceed level 20 (note pitocin can go up to 40, I use 20 here but you can pick a lower number that you're comfortable with), and I would like for it to be turned down or off if I feel that it is effecting me or the baby
- I do not wish to have any form of pain medication introduce into my labor, please as my doctor and care team refrain from asking me at any point in my labor.
- I would like to have a low intervention birth, if medical interventions is necessary, I will like to review all options and have a decision in my care.
- I want to be respected and listened to during this process. My partner, [partner name], may speak on my behalf, and I request that they also be treated with respect and empathy. This is a new experience for both of us, and while our passion for my health and the baby's well-being may lead to passionate responses, I ask for gentleness and space to process. Please understand that we value your recommendations and patience.
- I have abuse trauma and would like for doctors and nurses to ask my consent before touching me. I would like doctors to knock before entering my room.



Let's Make it Neat ...

Birth Plan Form

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PHOTOS/VIDEO	BIRTH EQUIPMENT	MOVEMENT	FOOD & LIQUIDS
			FETAL MONITORING
WATERBREAKING	Interventions I'm not interested in		

For pain relief I would like to

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During delivery I would like to:

PERINEUM	PUSHING	WHO CATCHES BABY
		PLACENTA

If a c-section I'd like:

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After Delivery:

NICU: If baby goes to NICU

Please do not give my baby

Infant Feeding Preferences

			CIRCUMCISION

"I" Statements:
