My Birth Preferences

Partner to Decide

This guide helps you plan your hospital birth. Write down what matters to you. Share it with your care team and support people so they know what you want. A birth plan can help you have your birth the way you want it.

About Me

What you should know about me:

What you should know about my baby:

My support people are:

Other thoughts:

What Matters Most to Me

What is most important to me for my birth:

What I want to avoid for my birth:

I will feel safe during my birth if:

My personal and cultural values to respect are:

For more information about Partner to Decide visit **www.partnertodecide.org**

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How this was made: This decision aid was made by a group of public health experts, with feedback from pregnant people and perinatal providers. This tool will be reviewed and updated every 3 years or when new evidence becomes available.

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My Birth Preferences

Choose what matters to you. Circle options you want. Cross out what you do not want. Write down notes or other ideas.

Support	Choices	Key Fact
Who will support me and make my birth a positive experience? Who will take care of my other kids when I am at the hospital?	Partner · Friend · Family member · Doula · Who takes care of my other kids · Postpartum support Notes: _____	A doula is a trained person who gives emotional support before, during, and after birth. Having a doula can help labor go faster, make it more likely you will have a vaginal birth, and lower the need for pain medicine.[1]

Environment	Choices	Key Fact
What kind of space helps me feel calm and safe? What things might make me feel stressed?	Music · Peace and quiet · Low lights · Aromatherapy (essential oils) · Fan · Less people in the room Notes: _____	Care providers in your room during labor and birth can include nurses, doctors, midwives, doctors in training (residents), and students. You can ask who is in the room. You can ask for less people or other preferences. In an emergency, more providers may come in to help keep you and your baby safe.

Comfort	Choices	Key Fact
What kinds of touch, words, or comfort feel good to me? Are there things I do not want like certain touch or noise?	Walk, dance, and change positions · Deep breathing · Birth ball or peanut ball · Massage · Hot or cold packs or compresses · Tub or shower Notes: _____	Moving and changing positions can help labor go faster.[2] Try dancing, walking, lying on your side, squatting, being on hands and knees, or sitting in a chair or on a birth ball.

Pain Relief	Choices	Key Fact
How do I want to deal with pain in labor? How do I usually deal with pain?	No medicines · Ask for medicine if I want it · Tub or shower · Laughing gas · IV medicine · Epidural anesthesia Notes: _____	Your plan can change during labor. You may start with one option and decide to try something different later. Choose what feels right in the moment.

Birth

VAGINAL BIRTH

Do I want to try different positions when pushing?

How do I want my support people involved when I'm pushing?

Choices


Push at my own rhythm


Change positions


Privacy when pushing


Mirror to see baby be born


Touch baby's head


Warm cloths on the vagina (compress)

Notes: _____

Key Fact

You can try different ways to push: on your side, squatting, standing, or on your hands and knees.

Warm cloths on the vagina (perineum) during pushing may lower the chance of tearing.[3]

CESAREAN BIRTH

What will make me feel more relaxed in the operating room?

Who do I want to support me in the operating room?

Choices


Support person in the operating room


Doula in the operating room


Music or headphones


Less talk in the operating room


Lower curtain to see baby after birth


Baby put skin-to-skin in the operating room

Notes: _____

Key Fact

Most people are awake during a cesarean birth. Anesthesia numbs pain from the waist down and lets you stay awake to meet your baby.

General anesthesia means being asleep. It is used in emergencies or if you need more pain control.

Welcoming Baby

What do I want my first moments with baby to be like?

What do I want for my baby's care right after birth?

Choices


Baby put skin-to-skin


Wait to cut the cord


Who cuts the cord


Antibiotic eye ointment (protects baby's vision)


Vitamin K (prevents bleeding problems)


Hepatitis B vaccine (prevents liver infection)

Notes: _____

Key Fact

Skin-to-skin in the first hour of life helps with baby's heart rate, temperature, and breastfeeding.[4]

Waiting to cut the cord after birth prevents anemia (low iron) in babies.[5]

Baby medicines can help prevent serious illness. Ask your care provider more about these choices.

After the Birth

How do I want to feed my baby when I am at the hospital?

Do I want birth control before I leave the hospital, later, or not at all?

Choices


Breastmilk


Donor milk


Formula


Male circumcision


Birth control before going home


Take the placenta home

Notes: _____

Key Fact

Breastfeeding in the first hour after birth can help you breastfeed successfully.[6] Other options include donor milk, pumping, or formula.

Birth control before going home can be: the mini pill, shot, IUD, implant or getting tubes tied (tubal ligation).

Sources: 1. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2017 Jul 6;7(7):CD003766. **2.** Lawrence A, Lewis L, Hofmeyr GJ, Styles C. Maternal positions and mobility during first stage labour. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD003934. **3.** Dwan K, Fox T, Lutje V, Lavender T, Mills TA. Perineal techniques during the second stage of labour for reducing perineal trauma and postpartum complications. Cochrane Database of Systematic Reviews 2024. **4.** Moore ER, Brimdyr K, Blair A, Jonas W, Lilliesköld S, Svensson K, Ahmed AH, Bastarache LR, Crenshaw JT, Giugliani ER J, Grady JE, Zakarija-Grkovic I, Haider R, Hill RR, Kagawa MN, Mbalinda SN, Stevens J, Takahashi Y, Cadwell K. Immediate or early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2025. **5.** McDonald SJ, Middleton P, Dowswell T, Morris PS. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database of Systematic Reviews 2013. **6.** Holmes AV, McLeod AY, Bunik M. ABM Clinical Protocol #5: Peripartum breastfeeding management for the healthy mother and infant at term, revision 2013. Breastfeed Med. 2013 Dec;8(6):469-73. doi: 10.1089/bfm.2013.9979. PMID: 24320091; PMCID: PMC3868283.

Compare Pain Relief Choices

Tub or Shower

You get into warm water in a tub or shower at home or in the hospital.

- Feel more comfortable and relaxed
- Pain relief without medicine
- Use anytime in labor
- Move and change positions easily
- You can eat and drink

29% 29 out of 100 people having their first baby said tub or shower **worked very well for pain**[7]

SIDE EFFECTS

- You can feel dizzy, too hot, or lightheaded[8]
- You can get dehydrated
- No side effects for labor
- No side effects for baby

Laughing Gas

You breathe pain relief medicine (nitrous oxide) through a mask.

- Feel less anxious and less aware of pain
- Works quickly with the mask on. Stops working in seconds when the mask is off
- Use anytime in labor and after birth
- Move and change positions with help
- You can eat and drink

38% 38 out of 100 people having their first baby said laughing gas **worked very well for pain**[7]

SIDE EFFECTS

- You can feel sick to your stomach or dizzy[8]
- You can be sleepy and less alert
- No side effects for labor[8]
- No side effects for baby[7]

IV Pain Medicine

A nurse gives you pain relief medicine as a shot or in an IV.

- Feel calm, sleepy, and less pain
- May wake up when you have a contraction. Can rest between contractions.
- Use in early labor and after birth
- Some medicines work for 1-2 hours and others for 4 or more
- Move and change positions with help
- You can eat and drink

41% 41 out of 100 people having their first baby said IV pain medicine **worked very well for pain**[7]

SIDE EFFECTS

- You can feel sick to your stomach or dizzy[7,9]
- You can be sleepy and less alert
- No side effects for labor[8]
- Safe for baby, but your baby may need extra breathing checks if the medicine was given close to birth[9]

Epidural Anesthesia

A specially trained doctor gives you medicine in your back to block pain.

- Feel alert and awake
- Relieves most pain below the waist
- Available anytime — works until your care team turns it off; it may need to be replaced
- Must stay in bed — you need help to move.
- A small tube (catheter) is placed to help you pee
- You can have water, ice chips, broth, or popsicles — no solid food

84% 84 out of 100 people having their first baby said epidural **worked very well for pain**[7]

SIDE EFFECTS

- You may feel pain/vaginal pressure
- You can have back tenderness; long-term back pain is rare
- You can have low blood pressure, fever, and itching; less than 1 in 100 people get a serious headache[9]
- Can slow labor; may need medicine (Pitocin) — pushing may take longer[10]
- Safe for baby, but baby's heart rate may slow if blood pressure drops[9]

Sources: 7. Likis FE, Andrews JC, Collins MR, Lewis RM, Seroogy JJ, Starr SA, Walden RR, McPheeters ML. Nitrous oxide for the management of labor pain: a systematic review. Anesth Analg. 2014 Jan;118(1):153-67. Erratum in: Anesth Analg. 2014 Apr;118(4):885. **8.** Jones L, Othman M, Dowswell T, Alfirevic Z, Gates S, Newburn M, Jordan S, Lavender T, Neilson JP. Pain management for women in labour: an overview of systematic reviews. Cochrane Database Syst Rev. 2012 Mar 14;2012(3):CD009234. **9.** American College of Obstetricians and Gynecologists' Committee on Practice Bulletins — Obstetrics. ACOG Practice Bulletin No. 209: Obstetric Analgesia and Anesthesia. Obstet Gynecol. 2019 Mar;133(3):e208-e225. **10.** Anim-Somuah M, Smyth RM, Cyna AM, Cuthbert A. Epidural versus non-epidural or no analgesia for pain management in labour. Cochrane Database Syst Rev. 2018 May 21;5(5):CD000331.

Labor and Birth

Partner to Decide

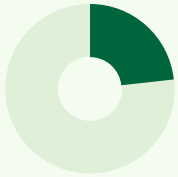
Facts About Birth

VAGINAL BIRTH

77%
of people giving birth for the first time have a vaginal birth

- 77 out of 100 (77%) first births are vaginal births*
- 90 out of 100 (90%) people who had a vaginal birth the first time will again*
- About 33 out of 100 (33%) people have an induction (care provider helps start labor at the hospital). Common reasons for an induction are: going past the due date, high blood pressure, diabetes, or the baby is too small.*

CESAREAN BIRTH



23%
of people giving birth for the first time have a cesarean birth

- 23 out of 100 (23%) first births are cesareans*
- May be recommended in labor if the cervix is not opening (dilating), the baby is not moving down, baby is showing signs of stress, or there is an emergency
- Some people who have a cesarean birth can have a vaginal birth after cesarean (VBAC) in the future

*Based on birth rates in the United States in 2023. Your chances may be different because of your age, weight range, where you give birth, and racial disparities.[11]

Tips for Labor and Birth

- Take a childbirth education class
- Practice deep breathing and relaxation
- Eat and drink to keep your energy up
- Have a partner, family member, or doula for continuous support in labor
- Walk, dance, move, and change positions during labor
- Wait to go to the hospital until your contractions are strong and close together
- Try different positions when it's time to push like on your side, sitting up or hands-and-knees

Sources: 11. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2023. Natl Vital Stat Rep. 2025;74(1):1-39. doi:10.15620/cdc/175204.

Medical Care and Interventions

During labor you may need to make choices that are different from your birth plan. This page explains some medical care and interventions that may be offered during labor and birth to help you or your baby.

Making Choices During Labor

You can use the **B.R.A.I.N.**[12] **questions** to help you decide if a **medical choice** is right for you:

B — **BENEFITS**
What are the benefits for me and my baby?

R — **RISKS**
What are the risks for me and my baby?

A — **ALTERNATIVES**
Are there other choices?

I — **INTUITION**
What choice feels right to me?

N — **NOTHING**
What if I don't make a choice right now?

Medical Care and Interventions

IV

An IV (intravenous catheter) may be used to **give fluids or medicine** during labor. Blood may be taken to do tests when the IV is put in. An IV is used during emergencies.

PITOCIN

Pitocin is medicine given through an IV to **make contractions stronger** or help labor move along.

It may be recommended if your water breaks with no contractions, if labor is slow, or to help with pushing.

BREAK THE WATER

Your provider uses **a tool with a small hook** to break the bag of water.

This may be recommended to start labor or help labor move along.

BABY'S HEARTBEAT

Your baby's heartbeat can be checked in different ways.

A **handheld device** (doppler) can check it on-and-off. **Belts, stickers** on the belly, or **inside the vagina** on the baby's head can check it all the time.

EPISIOTOMY

A cut made between the vagina and anus (perineum) to help the baby be born. It may be recommended in an **emergency.**

This happens in less than 5 out of 100 (5%) of births in the U.S.[13]

VACUUM/FORCEPS

Sometimes tools like forceps or a vacuum may be recommended to help give birth vaginally in an **emergency**.

This happens in less than 4 out of 100 (4%) of births in the U.S.[14]

Sources: 12. Adapted from International Childbirth Education Association. Informed Decision Making Worksheet. https://icea.org/wp-content/uploads/2015/12/ICEA-Informed-Decision-Making-Worksheet.pdf **13.** The Leapfrog Group. State of Maternity Care in the U.S.: The Leapfrog Group 2023 Report on Trends in C-Sections, Early Elective Deliveries, and Episiotomies. The Leapfrog Group; 2023 **14.** Sarker MR, Teal EN, Wiley R, Emeruwa U, Kim J, Arida G, Engelbert M, Gyamfi-Bannerman C, Wen T. Contemporary Trends in Operative Vaginal Delivery and Obstetric Anal Sphincter Injuries from 2016-2023. Pregnancy (Hoboken). 2025 Jul;1(4):10.1002/pmf2.70063. doi: 10.1002/pmf2.70063. Epub 2025 Jun 30. PMID: 40959760; PMCID: PMC12435513.