



# Our Birth Plan

Parent's names:

Doctor/Midwife:

Allergies:

Insurance:

Mom's blood type:

Member ID:

Mom's DOB:

Due date:

LMP:

Doula's name:

Pediatrician:

We would like to experience a birth that is...

Yes, please:

No, thank you:

Postpartum requests:





# Our Birth Plan

Important: Don't copy. You are unique and have your own wishes and desires.

Parent's names:

Doctor/Midwife:

Allergies:

Insurance:

Mom's blood type:

Member ID:

Mom's DOB:

Due date:

LMP:

Doula's name:

Pediatrician:

We would like to experience a birth that is...

A very short sentence about the kind of birth you would like their help and support with is adequate. They won't have a lot of time to study this, so by keeping it short, you are respectful of their time, just as you hope they are respectful of your birth plans.

Yes, please:

- Quiet, dimly lit room
- Freedom to move
- Use of shower or tub
- Delayed cord clamping
- Delay routine procedures for two hours after birth

No, thank you:

- Continuous fetal monitoring
- IV
- Episiotomy
- Breaking water
- Pain medication

Postpartum requests:

Baby to remain with either mom or dad at all times  
No bottles, pacifiers, or formula  
Mom or dad to give baby first bath  
Allow vernix to absorb into baby's skin  
Skin to skin for warmth and bonding





# Our Birth Plan

## for Medical Intervention

Parent's names:

Doctor/Midwife:

Allergies:

Insurance:

Mom's blood type:

Member ID:

Mom's DOB:

Due date:

LMP:

Doula's name:

Pediatrician:

In case of induction:

In case of pain medication:

In case of Cesarean:

I would like with me in the OR:





# Our Birth Plan

## for Medical Intervention

Important: Don't copy. You are unique and have your own wishes and desires.

Parent's names:

Doctor/Midwife:

Allergies:

Insurance:

Mom's blood type:

Member ID:

Mom's DOB:

Due date:

LMP:

Doula's name:

Pediatrician:

In case of induction:

For reasons of -

- Preeclampsia
- Placental insufficiency
- Fetal growth restriction

Pitocin -

- I request starting with smallest possible dose and adding slowly

In case of pain medication:

If labor is longer than \_\_\_\_ hours

If needed for a medical procedure

In case of Cesarean:

If possible, I would like to request:

- Maternal-assisted Cesarean birth
- Immediate skin to skin for warmth and bonding
- Delayed cord clamping
- Immediate lactation support

I would like with me in the OR:

- Husband's name
- Doula's name
- Midwife's name (if transferring)





SAPLING  
BIRTH

# Welcome to Sapling Birth!

As a Birth Boot Camp® certified birth instructor, I'm passionate about providing evidence-based education for couples in Northern Colorado. My classes will equip you with the tools you need to have the peace-filled birth of your dreams!

I offer virtual, private childbirth classes. You choose your own schedule and the times that work best for you! Classes range from 5 to 10 weeks long, and are perfect for any birth including hospital, birth center and home birth.



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