

# Understanding and Preparing Your Birth Plan

**This form is one way to help you reflect on your wishes and needs.**

You are free to use it as you like: fill out only the parts that matter to you, use it as a conversation starter, or bring up other topics not mentioned here.

The most important thing is that you feel able to ask all the questions that matter to you, so you can welcome your child with confidence.

You can write your birth plan in your own words, or, if you prefer guidance, use this form inspired by the “*Quality guideline on the expected content of a birth plan*”, developed collaboratively by healthcare professionals and patient associations.

## Chapter 1: Getting to Know You

- **1.1** What are your personal strengths or resources to help you through this birth experience?
- **1.2** Would you like to share any elements of your personal history—past or recent—that might help us support you better?
- **1.3** Do you have any fears or needs related to childbirth that you would like to share with the professionals who will be accompanying you?

## Chapter 2: How Do You Envision the Start of Labor?

- For example: spontaneous onset, medical induction, planned cesarean, etc.

## Chapter 3: Support During Labor Up to the Pushing Phase

- **3.1** Do you have any preferences or needs to help you feel comfortable? (lighting, music, bath, access to a shower, etc.)
- **3.2** How do you imagine moving during labor? (walking, choosing your position, using a birthing ball or sling, etc.)

## Chapter 4: Your Wishes for the Pushing Phase

- **4.1** Do you have preferences regarding the atmosphere and equipment in the delivery room? (lighting, music, use of a mirror to see the baby's head, etc.)
- **4.2** What are your expectations about your partner's presence during this phase?
- **4.3** In what position would you like to give birth? (on your side, squatting, etc.)
- **4.4** Would you like to share how you prepared for this phase of labor?
- **4.5** Would you like to discuss with the team ways to protect your perineum? (perineal massage, warm compresses, etc.)

## Chapter 4bis: In Case of Cesarean Birth (*specific to the American Hospital of Paris*)

**If a cesarean is planned or decided during labor, would you prefer (when possible):**

- Background music?
- Dimmed lighting?

**If scheduled cesarean:**

- To walk into the OR, accompanied by your partner and staff?
- Or to be transported on a stretcher?

**If a cesarean occurs during labor:**

- To be accompanied by your partner or a chosen support person?
- To actively push at the time of delivery if possible?
- To have the surgical drape lowered so you can see your baby at birth?

## Chapter 4ter: In Case of Assisted Delivery (*specific to the American Hospital of Paris*)

In about 15% of births, medical assistance (such as forceps or vacuum) may be required—without complications.

**Would you like to share your feelings about this possibility?**

- Is this something that causes stress for you or your partner?
  - Would you prefer detailed information or just the essentials?
  - Would your partner prefer to stay with you or leave the room?
  - Would you like a drape for added privacy during the procedure?

## Chapter 5: Who Would You Like by Your Side?

## Chapter 6: Right After Birth

- **6.1** Do you have preferences regarding when and by whom the umbilical cord is cut?
- **6.2** Any wishes or concerns about the delivery of the placenta (active management, etc.)?
- **6.3** Expectations regarding the first contact with your baby: skin-to-skin, staying close unless medically necessary, etc.?
- **6.4** Preferences regarding newborn care (weighing, examination, presence of your partner during potential resuscitation, vitamin K administration, etc.)?
- **6.5** What are your preferences for feeding your baby? (first latch, early breastfeeding, formula, etc.)

## Chapter 7: Postpartum Support and Guidance

- **7.1** What support do you expect in the days after birth? (partner's presence, visiting policy, length of hospital stay)
- **7.2** How would you like to be supported in caring for your baby? (feeding, bathing, sleep, skin-to-skin, newborn screening)
- **7.3** What practical skills would you like to learn after the birth?
- **7.4** What kind of additional support would you like for yourself? (conversations with the team, psychologist consultation, etc.)

## Chapter 8: Is There Anything Else You'd Like to Share?