



My Birth Plan

MOTHER'S NAME:

PARTNER'S NAME:

ESTIMATED DUE DATE:

ACTUAL DATE OF BIRTH:

HOSPITAL/BIRTH CENTER:

DOCTOR'S NAME:

My intention for birth:

My mantra for birth:

I have the following conditions:

- GESTATIONAL DIABETES
- GROUP B STREP
- RH INCOMPATIBILITY WITH BABY
- _____
- _____
- _____

Before, during and/or after labor I want the following person to be present:

- PARTNER
- DOULA
- OTHER: _____
- _____
- _____
- _____

Preferred delivery:

- NATURAL VAGINAL
- VAGINAL WITH EPIDURAL/PAIN MANAGEMENT
- VBAC
- CESAREAN
- WATER BIRTH
- OTHER: _____

During labor, I would like:

- MUSIC
- NO STUDENTS
- QUIET ROOM
- WEAR MY OWN CLOTHES

- LIGHTS DIMMED
- MINIMUM VAGINAL EXAMS
- ICE CHIPS
- EAT AND DRINK
- BE ABLE TO WALK AROUND
- AROMATHERAPY
- REIKI
- _____
- _____
- _____
- _____

Pain Relief preferences:

- EPIDURAL
- NITROUS OXIDE
- SPINAL TAP
- PAIN MEDS
- BREATHING TECHNIQUES
- MEDITATION
- _____
- _____
- _____

During delivery I would like to:

- BE IN A BIRTHING TUB
- SQUAT
- STAND
- USE A BIRTHING STOOL
- LEAN ON MY PARTNER
- BE ABLE TO CHOOSE WHAT POSITION WORKS BEST FOR ME AT THE TIME
- OTHER: _____
- _____
- _____
- _____

When the baby is born, I would like to:

- LET THE EPIDURAL WEAR OFF
- PUSH SPONTANEOUS
- PUSH AS DIRECTED
- USE A MIRROR TO SEE BABY
- HAVE A DOSE OF EPIDURAL
- HELP CATCH THE BABY
- _____
- _____
- _____

After Delivery:

- DELAY CORD CLAMPING
- HAVE MY PARTNER CUT THE CORD
- KEEP THE PLACENTA
- DELIVER PLACENTA SPONTANEOUS
- BREASTFEED RIGHT AWAY
- _____
- _____
- _____

In case of Cesarean:

- GENTLE C SECTION
- IMMEDIATE SKIN TO SKIN
- REMAIN CONSCIOUS
- PARTNER WITH ME
- NO RESTRAINTS (SOME HOSPITALS RESTRAIN THE ARMS, YOU CAN TELL THEM NOT TO DO THIS!)
- MY PARTNER HOLDS THE BABY AS SOON AS POSSIBLE
- BREASTFEED IN THE RECOVERY ROOM
- _____
- _____
- _____

Other notes, intentions, goals & directions.