

My Birth Plan

Every birth is different. What can you plan for? More than you think. Print and fill out this birth plan to prepare yourself (as much as possible) for delivery. Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.

My Name: _____

Partner's Name: _____

OB/Midwife's Name: _____

Doula/Birthing Coach's Name: _____

My Baby-to-Be's Name: _____

Expected Due Date: _____

(OPTIONAL)

Labor Preparation / Preferences:

I have completed the following:

- Consent forms (if applicable) Insurance forms Cord blood materials and instructions Other: _____

Please note that I:

- Have group B strep
 Am Rh incompatible with baby
 Am positive for herpes
 Have gestational diabetes
 Other: _____
 None of the above

My preferred delivery method is:

- Vaginal
 Have had a prior C-section
 Have had prior surgery on my uterus
 C-section (if checked, move to page 2)

If I have a vaginal birth, I want:

- To view the birth using a mirror
 To touch my baby's head as it crowns
 For the hospital staff to help me with pushing techniques
 To be able to feel the urge before starting to push

Delivery room environment preferences:

- Dim lighting
 Birthing ball
 Music
 Minimal sound
 Blankets and/or photos from home
 Aromatherapy scents that I will provide
 Photos taken by: _____
 Other: _____

Help for managing labor discomfort:

- Natural techniques (such as a bath or shower, breathing techniques, hypnobirthing techniques or massage)
 Regional analgesia (an epidural and/or spinal block)
 Please don't offer me pain medicine. I'll request it if I need it
 Other: _____

I want these people in the delivery room:

- Partner: _____
 Parents: _____
 Doula: _____
 Friend: _____
 Other family member: _____