

Birth Plan

Name:

Date of Birth:

Partner's Name:

Doctor/Midwife:

Hospital:

Due Date:

Today's Date:

Delivery Method

- Vaginal Delivery
- Assisted Vaginal Delivery
- Cesarean Delivery

Other:

Labor Preferences

- I would like to move around during my labor
- I would like to have IV fluids
- I would like to drink fluids during labor (if available)
- I would like to have _____ support people with me during my labor
- It is okay for medical trainees to attend my labor/birth
- It is not okay for medical trainees to attend my labor/birth

Other:

Pain Relief Preferences

- None
- Please don't offer options for pain relief unless I ask
- I don't know what pain relief I would like. Please discuss options with me

Other:

My Support People

Name	Phone number

Environment Preferences

During Delivery

- I would like _____ present with me
- I would like a mirror to see my baby being born
- I would like music playing
- I would like the room to be quiet
- I would like pictures/videos to be taken
- For my baby to be placed on my chest immediately after birth
- I have selected a birthing position: _____
- I have no preference on birthing position

Other:

In the event of a cesarean delivery, I would like these people to be notified:

Name	Phone number

In the event of a cesarean delivery, I would like the following support person to be present with me:

Name	Phone number

After Birth

- My partner or support person to cut the umbilical cord
- Delayed cord clamping
- To deliver the placenta spontaneously and without assistance
- Save the placenta so I can take it home
- Skin to skin contact with my baby

Other:

Additional Preferences: