Mama Natural Birth Plan

Mother's Name:							
Due Date:							
Healthcare Provider:							
Birth Location:							
Labor Preferences							
1.	Primary Support Person:						
2.	Desired Atmosphere						
	Quiet						
	Dim Lighting						
	Music						
	Scented Candles						
	Others:						
3.	Pain Management Techniques						
	Breathing Exercises						
	Meditation						
	Massage						
	Water Tub						
	Others:						
4.	Mobility						
	Freedom to Walk						
	Change Positions						
	Others:						

5. Food and Drink (Preferences during Labor)

6.	Monitoring
	Continuous Electronic Fetal Monitoring
	Intermittent Monitoring
	Others:
7.	Interventions
	Natural Progression
	Induction if Necessary
	Epidural
	No Epidural
	Others:
De	elivery Preferences
1.	Birthing Position
	Upright
	Squatting
	Squatting
	Water Birth
	Water Birth
	Water Birth On Back
	Water Birth On Back Others:
	Water Birth On Back Others: Pushing Technique
2. 0	Water Birth On Back Others: Pushing Technique Spontaneous
0	Water Birth On Back Others: Pushing Technique Spontaneous Directed
0	Water Birth On Back Others: Pushing Technique Spontaneous Directed Others:
0	Water Birth On Back Others: Pushing Technique Spontaneous Directed Others: Perineal Support
0	Water Birth On Back Others: Pushing Technique Spontaneous Directed Others: Perineal Support Massage
3.	Water Birth On Back Others: Pushing Technique Spontaneous Directed Others: Perineal Support Massage Warm Compresses
3.	Water Birth On Back Others: Pushing Technique Spontaneous Directed Others: Perineal Support Massage Warm Compresses Others:

5.	Delivery of Placenta
	Natural
	Medicinal Assistance
Pos	stpartum Preferences
1.	Immediate Skin-to-Skin Contact
	Yes
	No
2.	Breastfeeding
	Begin Immediately
	Specific Plans
	Others:
3.	Newborn Procedures
	Vitamin K: Accept/Decline
	Eye Ointment: Accept/Decline
	Others:
4.	Rooming-In
	Yes
	No
5.	Recovery Food/Drink Preferences
In (Case of Cesarean
	Preference for Cesarean
	Only if Medically Necessary
	Others:
2.	Presence of Partner/Support Person
	Yes
	No

3. Skin-to-Skin ASAP

	Yes	
	No	
4.	4. Breastfeeding Post-Cesarean	
	As Soon as Possible	
	Others:	
5.	5. Post-Cesarean Care	
	Additional Notes/Preferences:	
Siç	Signature of Expectant Mother:	
Da	Date:	

This template can be customized to suit individual preferences and needs, ensuring a birth experience that aligns with the mother's values and desires.