

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: _____

Delivery Preferences

1. Birthing Position

- Upright
- Squatting
- Water Birth
- On Back
- Others: _____

2. Pushing Technique

- Spontaneous
- Directed
- Others: _____

3. Perineal Support

- Massage
- Warm Compresses
- Others: _____

4. Cord Clamping

- Immediate
- Delayed

5. Delivery of Placenta

- Natural
- Medicinal Assistance

Postpartum 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

1. Preference for Cesarean

- Only if Medically Necessary
- Others: _____

2. Presence of Partner/Support Person

- Yes
- No

3. Skin-to-Skin ASAP

Yes

No

4. Breastfeeding Post-Cesarean

As Soon as Possible

Others: _____

5. Post-Cesarean Care

Additional Notes/Preferences:

Signature of Expectant Mother: _____

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.