



A birth plan is an outline of your wishes for your child’s birth. Use this form to discuss options with your doctor well before your due date. Having a birth plan does not guarantee that your labor and delivery will go according to that plan. You could need unplanned interventions for your health or your baby’s health to ensure the safest possible delivery. Your support team will try to honor your wishes, but be prepared for changes that may arise.

About Me:	
Name:	
Partner/Support Person’s Name:	
Partner/Support Person’s Phone Number:	
Allow partner/support person in delivery room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doula’s Name (optional)	Doula’s Phone Number:
Due Date:	
Medical Information:	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Group B Strep <input type="checkbox"/> Herpes <input type="checkbox"/> RH Incompatible	
Medication Allergies:	
Food Allergies:	
Other conditions that might affect birth:	
Environment:	
<input type="checkbox"/> Dim lights <input type="checkbox"/> Soothing music <input type="checkbox"/> Minimal staff interruptions <input type="checkbox"/> No visitors	
<input type="checkbox"/> Wear my own clothes <input type="checkbox"/> As few cervical exams as possible	
<input type="checkbox"/> Other:	
Pain Relief:	
<input type="checkbox"/> Prefer no IV pain medication <input type="checkbox"/> Yes, IV pain medication <input type="checkbox"/> Prefer no epidural <input type="checkbox"/> Yes, epidural	
<input type="checkbox"/> Bath/shower <input type="checkbox"/> Breathing exercises <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Positive affirmations	
<input type="checkbox"/> Massage <input type="checkbox"/> Moving around <input type="checkbox"/> Other pain relief options:	
Delivery Preferences:	
<input type="checkbox"/> Vaginal <input type="checkbox"/> Water Birth <input type="checkbox"/> VBAC <input type="checkbox"/> C-Section <input type="checkbox"/> Home Birth	
Induction	
<input type="checkbox"/> Prefer water to break on its own. <input type="checkbox"/> No induction unless medically necessary.	
<input type="checkbox"/> If necessary, try natural methods first. <input type="checkbox"/> No preference.	
Delivery Positions	
<input type="checkbox"/> Squatting <input type="checkbox"/> Tub <input type="checkbox"/> Lying on back	
<input type="checkbox"/> Lying on side <input type="checkbox"/> Birth ball <input type="checkbox"/> Hands & knees	
<input type="checkbox"/> Other:	
While Pushing	
<input type="checkbox"/> Focus on breathing techniques. <input type="checkbox"/> Help guide through pushing. <input type="checkbox"/> Tear naturally, if needed.	
<input type="checkbox"/> Episiotomy, if needed. <input type="checkbox"/> Forceps or vacuum OK. <input type="checkbox"/> No forceps or vacuum.	
<input type="checkbox"/> Would like to see baby crowning. <input type="checkbox"/> Would like to feel baby crowning.	



After Birth

Immediately After Birth:

- Skin to skin.
- Hand baby to partner/support person.
- Yes, wipe baby off.
- No, don't wipe baby off.

Umbilical Cord:

- Delayed clamping.
- Cut by staff.
- Cut by partner/support person.

Gender of Baby:

- Already know
- Be told by staff
- Find out myself
- Be told by partner/support person

Circumcision (for Boys):

- Yes
- No
- I need more information.

Medication for Baby

- Vitamin K
- Hep B
- Eye Ointment
- None

Feeding

- Breastfeed
- Pump
- Bottle
- I would like to meet with a lactation specialist.

Religious or Cultural Considerations

Additional Notes