

My Birth Plan

Patient / Mother _____

(nickname: _____)

BASIC INFORMATION

Support Person / Father	Baby's Name	Due Date	Delivery Plan	
			Vaginal birth / C-section	
Doctor's Name	Cell Phone	Office Phone	Address	email
Hospital	Address	Phone		
Pediatrician's Name	Address	Office Phone		

ATMOSPHERE

lights	music	photos / video	clothing	eating and drinking
Not stark bright, natural light preferred	Playing lightly in the background	Yes / No	Hospital gown / My own	Yes / No to water and ice chips Eating as approved by my tdoctor

PAIN RELIEF

massage	lamaze	walking epidural	epidural	doula
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

LABOR PREFERENCES

items for possible use	episiotomy, forceps and vacuum	mirror	positions
birthing ball peanut ball squatting bar shower	Yes / No	Yes / No	standing / walking rocking / leaning leaning over / kneeling squatting side lying

IF C-SECTION

Support Person(s) to be in room	incision	mirror
Yes / No	Transverse (horizontal) / Classical (vertical)	Yes / No

AFTER DELIVERY

umbilical cord	placenta	skin to skin	feeding	baby placement
Support person will cut Bank for donation	No request	Yes / No	Breast / Bottle	Room / Nursery
pacifier	baby's first bath	if baby isn't well		
Yes / No	Can we do it, be monitored and given suggestions?	Can we accompany her to NICU? Can I provide breastmilk? Can we visit?		