

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

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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 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

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