

Mama Natural Birth Plan

Name: _____ **Date of birth:** _____
Due date: _____ **Practitioner:** _____
Birth location: _____ **Support person:** _____

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

Labor preferences	
My support person is:	
Desired atmosphere	Pain management strategies
<input type="checkbox"/> Quiet <input type="checkbox"/> Dim lighting <input type="checkbox"/> Music <input type="checkbox"/> Scented candles	<input type="checkbox"/> Breathing exercises <input type="checkbox"/> Meditation <input type="checkbox"/> Massage <input type="checkbox"/> Water tub <input type="checkbox"/> Epidural
Other:	Other:
Mobility	
<input type="checkbox"/> Freedom to walk <input type="checkbox"/> Change positions	
Other:	

Food and drink	
Preferences during labor:	
Monitoring	
<div><input type="checkbox"/> Continuous electronic fetal monitoring</div> <div><input type="checkbox"/> Intermittent monitoring</div> <div><input type="checkbox"/> Only if necessary</div>	
Other:	
Delivery preferences	
<div>Birth position:</div> <div><div><input type="checkbox"/> Upright</div><div><input type="checkbox"/> Squatting</div></div> <div><div>Water birth</div><div>On back</div></div>	

Postpartum preferences

Immediate skin-to-skin contact:

☐ Yes

☐ No

Breast-feeding

☐ Begin immediately

☐ Specific plans

Other:

Newborn procedures

☐ Vitamin K

☐ Eye ointment

Other:

Recovery food/drink preferences

Additional notes/preferences