

# Natural Birth Plan

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Doctor/Midwife: \_\_\_\_\_

Hospital: \_\_\_\_\_

Due Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Family/Friends who may be in the room at any time

## Environment

### Pain Relief

- Acupressure
- Acupuncture
- Breathing techniques
- Massage
- Meditation
- Standard epidural
- Nothing

Other:

**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 baby

Other:

**Birthing Position:**

**Additional Preferences:**