

VBAC Birth Plan

Personal Information

- Name: _____
- Due Date: _____
- Healthcare Provider: _____
- Emergency Contact: _____

Previous Birth Experience

- Briefly describe previous cesarean experience and any other relevant birth history

Labor Preferences

- Desired labor environment (e.g., dim lighting, quiet, specific music).
- People present during labor (e.g., partner, family members, doula).
- Monitoring preferences (e.g., intermittent, continuous).
- Mobility and positioning preferences during labor.
- Hydration and nourishment preferences.

Pain Management

- Preferred pain relief methods (e.g., breathing techniques, epidural, massage).

- Specific interventions to avoid if possible.

Delivery Preferences

- Preferred positions for delivery.
- Techniques to assist with pushing.
- Preferences regarding episiotomy or tearing.
- Use of forceps or vacuum extraction.

If Cesarean is Necessary

- Preferences for cesarean (e.g., partner present, immediate skin-to-skin if possible).
- Specific concerns or requests regarding cesarean procedure.

After Birth

- Infant care preferences (e.g., skin-to-skin contact, breastfeeding initiation).
- Newborn medical interventions (e.g., vitamin K shot, eye ointment).

- Postpartum care preferences.

Additional Notes/Requests

- Any additional preferences, concerns, or specific requests.

This template can be customized to fit individual needs and preferences. It serves as a guide to facilitate communication between the expectant mother and her healthcare team.