

Visual Birth Plan

Personal Information	
Name:	
Partner's Name:	
Address:	
Phone Number:	
Due Date:	
Provider's Name:	
Emergency Contact:	
Pre-existing Conditions:	
GBS Status:	
Baby's Gender:	

Delivery Plan	Feeding Plan
<input type="checkbox"/> Vaginal Birth	<input type="checkbox"/> Breastfeed
<input type="checkbox"/> Scheduled Induction	<input type="checkbox"/> Formula Feed
<input type="checkbox"/> Planned C-section	<input type="checkbox"/> Combination
<input type="checkbox"/> TOLAC/VBAC	<input type="checkbox"/> Undecided
<input type="checkbox"/> Water Birth	

Birth Preferences
Environment Lighting Preferences: _____ Sound/Music Preferences: _____ Photography/Video Plans: _____
Support Who's in the Room: _____ Hands-on Support: _____

Medical Pain Management

Epidural Use: _____

Other Options: _____

Non-Medical Pain Relief

- Breathing Techniques, Meditation, Visualization
- Shower, Labor Tub
- Massage, Counter Pressure
- Position Changes, Birthing Ball, Rebozo
- Birthing Positions: _____

Pushing and Birth

- Guided Pushing
- Mirror for Seeing Baby's Head
- Warm Compress for Perineum

Episiotomy and Tearing

- Avoid Episiotomy
- Discuss Episiotomy vs. Natural Tearing
- Post-Tearing Pain Relief

Immediately Following Birth

- Delay Newborn Care Procedures for Skin-to-Skin
- Breastfeed Within 1-2 Hours
- Delayed Cord Clamping

Cord and Placenta Preferences

- Partner to Cut Baby's Cord
- Delayed Cord Clamping
- Save Placenta

Newborn Care Procedures

- Eye Ointment, Vitamin K Shot
- Blood Test, Hepatitis B Vaccine
- Hearing Screening, Circumcision

Postpartum Hospital Stay

- Rooming In
- Delay Baby's First Bath
- Limit Hospital Staff in Room

Postpartum Comfort Measures

- Stool Softener, Laxative, Dermoplast
- Perineal Ice Packs, OTC Pain Meds

NICU Care (if needed)

- Partner Accompany Baby
- Breastfeed/Pump for Baby

COVID-19 Considerations

- Follow Hospital Guidelines
- Communicate Preferences Clearly