

Birth Plan Template

Birth Plan for _____ Partner/Support Name _____

Physician/Midwife _____

1. What are your hopes for your childbirth experience? _____

2. Who are your family and social support? Do you want them present for:

	Exams/ Procedures	Birth

Additional notes about support people and visitors:

3. As you think about labor and birth, what concerns you the most?

4. There are many comfort therapies for use during labor. Which of the following do you hope to use? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Breathing exercises | |
| <input type="checkbox"/> Walking | |
| <input type="checkbox"/> Shower/tub | <input type="checkbox"/> Squatting/other positions |
| <input type="checkbox"/> Warm or cold packs | <input type="checkbox"/> Narcotic (IV) medicine |
| <input type="checkbox"/> Music | <input type="checkbox"/> "Walking" epidural (ITN) |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Birthing ball | <input type="checkbox"/> Other _____ |

5. How can the nursing staff help you most during labor? For example, do you want a lot of information about your labor progress? How do you feel about touch?

6. What are your hopes and expectations right after the baby is born? Do you want the baby to go directly onto your tummy for drying and holding if all goes well? Or do you prefer the baby to be wiped off first, then brought back to you?

7. Who will be your baby's doctor? Have you met them yet? We recommend a pre-birth meeting with your baby's doctor.

8. What is important to you about feeding your baby? We recommend breastfeeding, without any supplementation for at least 4 – 6 weeks if possible. We support and assist with all feeding options; however, there are many considerations in making this important decision.

9. If something unexpected happens, decisions may have to be made quickly. In case of an emergency, it is helpful for your caregivers to know who you turn to and can depend on most for help.

Name _____ Phone _____

Name _____ Phone _____

Is there anyone you rely on for spiritual support?

Name _____ Phone _____

10. Is there anything else you would like to share with your healthcare providers about who you are, what you need, special cultural or family traditions, dietary needs, or any other hope or expectation not yet mentioned?
