

Birth plan



A birth plan is a set of instructions you make about your baby's birth. Fill out this plan with your partner. Then share it with your provider, your family and other support people. It's best for everyone to know ahead of time how you want labor and birth to be.

Your name _____

Your baby's due date _____

1 My health care provider's contact information:

Name _____

Phone _____

2 Where do I plan to have my baby?

3 Who is my primary support person during labor and birth?

Name _____

Phone _____

This person is:

- My partner My baby's father
- My family My friend
- Clergy Doula

4 Who else do I want with me during labor and birth?

Name _____

Phone _____

This person is:

- My partner My baby's father
- My family My friend
- Clergy Doula

Name _____

Phone _____

This person is:

- My partner My baby's father
- My family My friend
- Clergy Doula

Name _____

Phone _____

This person is:

- My partner My baby's father
- My family My friend
- Clergy Doula

5 What kind of support do I want during labor?

- Help with breathing
- Help working through contractions
- Massage
- Moving around
- Other

6 Do I want to be able to move around during labor?

- Yes
- No

7 What position(s) do I want to be in for my labor?

- Lying down
- Sitting
- Standing
- Moving around
- Other

8 What kind of drugs, if any, do I want to help with labor pain?

9 Who do I want to cut the umbilical cord?

10 Do I want to have my baby's umbilical cord blood saved?

- Yes
- No

11 Do I want my baby with me at all times after birth? Or is it OK for my baby to spend time in the nursery?

- Stay with me at all times
- OK to stay in nursery

12 Do I want to breastfeed my baby?

- Yes
- No

13 If my baby is a boy, do I want to have him circumcised?

- Yes
- No

14 Are there special traditions I want to take place when my baby is born?

- Yes
- No

Describe _____

15 If there are any problems with me or with the baby, do I want to be told first, or do I want my support person told first?

- Tell me first.
- Tell my support person first.

16 Are there other issues the hospital or birthing center staff should know about me or my baby's birth?

- Yes
- No

Describe _____

17 My baby's health care provider's contact information:

Name _____

Phone _____