Your Birth Plan Information

Name: _____

Due Date: _____

OB-GYN: _____

Support Person: _____

Check the items that matter to you. You can leave items blank or write down your own wishes. Some options depend on your health, your baby's needs, and what the hospital has available.

During Labor

[ ] I want my chosen support person with me.
[ ] I would like to walk or move around if it is safe.
[ ] I want to try a birthing ball, shower, or other comfort tools if available.
[ ] I would like a calm room with soft lights or music.
[ ] I want my care team to explain exams and procedures before they happen, when possible.

Pain Relief

[ ] I want to try breathing, massage, or other ways to ease pain.
[ ] I would like to learn about an epidural or other pain medicine.
[ ] I am not sure what I want yet. I would like to decide during labor.

During Delivery

[ ] I would like to try different positions when it is time to push, if safe.
[ ] I want my care team to explain any medical steps that may be needed.
[ ] I would like my support person to cut the umbilical cord, if possible.
[ ] I would like to delay clamping the umbilical cord if it is safe for my baby.

If I Need a C-Section

A C-section is surgery to deliver your baby through your belly. Even if you plan to have a vaginal birth, it helps to think about what you would want if surgery is needed.

[ ] I would like my support person with me, if allowed.
[ ] I want my care team to explain what is happening.
[ ] I would like to hold my baby as soon as it is safe.

After My Baby Is Born

[ ] I would like to hold my baby against my bare chest (skin-to-skin) as soon as it is safe.
[ ] I would like help with feeding my baby.
[ ] I would like my baby to stay in my room, if possible.
[ ] I want to learn about my baby's first exams, shots, and care.
[ ] I would like to talk about my baby's first bath.

My feeding plan:

[ ] Breastfeeding
[ ] Formula feeding
[ ] Both
[ ] Not sure yet

Other wishes or questions:

_____

_____

_____

_____