

Birth Plan



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Share your answers to these questions with your health care provider, with staff at the hospital or birthing center, and with your partner or other support people.

Name _____

1. My health care provider's contact information:

Name _____

Phone# _____

2. Where do I plan to have my baby?

Hospital/Birthing center

City _____

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. Other than my primary support person, 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 _____

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This person is:

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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 in the delivery room?

- 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 # _____