My Birth Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Name: 
Partner's name: 

Doctor's or midwife's name: 
Today's date: 

This birth plan is a guide for my labor and delivery. Since childbirth does not always go as planned, some of this birth plan may change.

Place and People

I would like to deliver my baby:

☐ In a hospital: (Name, phone number)
☐ In a birthing center:
☐ At home

I would like my baby to be delivered by:

☐ My family doctor: (Name)
☐ My obstetrician:
☐ My midwife:
☐ My perinatologist:

I'd like these people to be with me during labor and birth:

☐ Partner: (Names)
☐ Friend(s):
☐ Family:
☐ Doula:
During Labor

☐ I'd like to be able to go back home if I'm not in active labor.

After I've been admitted, I'd prefer:

☐ To eat if I wish to.

☐ To drink clear fluids instead of having an IV.

☐ To walk and move around if I can.

I'd like to try:

☐ A birthing chair.

☐ A birthing stool.

☐ A squatting bar.

☐ A birthing tub or pool.

When the time comes to push, I'd like to:

☐ Be coached on when to push and for how long.

☐ Push when I feel I need to (instinctively).

I'd prefer to use the following position(s):

☐ Half lying down (semi-reclining)

☐ Squatting

☐ Lying on my side

☐ Whatever feels best at the time

I'd like to use the following for pain management:

☐ Acupressure

☐ Breathing techniques

☐ Self-hypnosis

☐ Massage

☐ Medicine

☐ Other:

☐ Please do not offer me pain medicine. I'll ask for it if I need it.
If I decide to use medicine for pain, I prefer:

- [ ] Epidural anesthesia.
- [ ] Local anesthesia.
- [ ] Pudendal or paracervical block.
- [ ] An opioid.

**Birth**
I would like to:

- [ ] Take all possible steps to avoid an episiotomy.
- [ ] View the birth using a mirror.

After the birth, I'd like to:

- [ ] Hold my baby right away, before any procedures that are not urgent.
- [ ] Breast-feed as soon as possible.
- [ ] Have my partner cut the umbilical cord.

**C-Section**
If I have a C-section, I:

- [ ] Would like to see my baby coming out.
- [ ] Would like my partner present during the operation.

**After the Birth**
After delivering the baby, I'd like to:

- [ ] Have my partner be with the baby whenever I can't be.
- [ ] Stay in a private room.
- [ ] Have my partner stay with me in my room.
- [ ] Breast-feed only.
- [ ] Bottle-feed with formula only.
Please offer my baby:

☐ Formula.

☐ Pacifier.

☐ Nothing without my permission.

I'd like my baby to be:

☐ In my room 24 hours a day.

☐ In my room only when I'm awake.

☐ With me only for feeding.

☐ With me based on how well I feel at the time.

If I have a baby boy:

☐ I'd like him circumcised at the hospital.

☐ I'll have him circumcised later.

☐ I will not have him circumcised.

☐ I'll decide about circumcision later.