

YOUR BIRTH PLAN

A birth plan helps you and your care providers understand what you want for your ideal labor and delivery experience.

Parts of your birth plan may not be achievable if your health won't allow it, but knowing what you would like helps your care team provide you with the experience you want.

Use this template to drive the discussion with your OB/GYN, midwife or doula to help make sure everyone is on the same page about how to best serve you.



LABOR

Would you prefer a **vaginal birth** or **C-section**? *(Circle one)*

All-natural birth or **use pain medications**? *(Circle one)*

Preference for pain medication type? Explain:

Do you want to be able to be out of bed and walking around? **Yes** or **No** *(Circle one)*

Explain:

Who would you like with you in the room for support?

Explain:

Special requests? Explain:

DELIVERY

Do you have a preference for who cuts the umbilical cord? **Yes** or **No** *(Circle one)*

Explain:

Do you have a preference for who announces the sex of the baby, if previously unknown?

Yes or **No** *(Circle one)*

Explain:

Would you like to do skin-to-skin with your baby right away? **Yes** or **No** *(Circle one)*

Would you like the baby's care team to delay bathing? **Yes** or **No** *(Circle one)*

Would you like the baby's care team to delay cord clamping? **Y** or **N** *(Circle one)*

AFTER DELIVERY

Would you like to hold your baby before the baby goes to the nursery? **Y** or **N** *(Circle one)*

Would you like to know about any vaccines before your baby receives them? **Y** or **N** *(Circle one)*

If your baby is a boy, would you like him circumcised in the hospital? **Y** or **N** *(Circle one)*

Would you prefer to **breastfeed exclusively**, **supplement breastfeeding with bottle feeding** or **bottle feed exclusively**? *(Circle one)*

Where would you like your baby to stay while in the hospital?

- In my room exclusively
- In my room except when I'm sleeping
- In the nursery and brought to me for feeding