

MY *Birth* PLAN

Basic Info

Name: _____
Partner: _____
Visitor 1: _____
Visitor 2: _____
Visitor 3: _____
Visitor 4: _____
Visitor 5: _____

Doctor: _____
Midwife: _____
Social Security no: _____
Birthdate: _____
Due date: _____
Planned Type of Delivery: _____
PMH/Diagnosis: _____

Labor & Delivery

Atmosphere:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Pain Management:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Preferred Birthing Position:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

In Case of Emergency:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Postpartum

Umbilical Cord:

- ☐ _____
- ☐ _____

Baby Cleaning:

- ☐ _____
- ☐ _____

Baby Feeding Plan:

- ☐ _____
- ☐ _____
- ☐ _____

In Case of Emergency:

- ☐ _____
- ☐ _____
- ☐ _____

Other Notes

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____