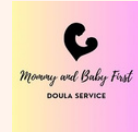


# BIRTH PLAN



## LABOR PREFERENCES

### Environment

- \_\_\_\_\_ Dim lighting
- \_\_\_\_\_ Soft music
- \_\_\_\_\_ Limited visitors

### Pain Relief

- \_\_\_\_\_ Epidural
- \_\_\_\_\_ Natural methods (breathing exercises, massage)
- \_\_\_\_\_ Other medications

### Hydration and Nutrition

- \_\_\_\_\_ IV fluids if necessary
- \_\_\_\_\_ Snacking as allowed

### Monitoring Baby

- \_\_\_\_\_ Continuous fetal monitoring
- \_\_\_\_\_ Intermittent monitoring

### Movement During Labor

- \_\_\_\_\_ Freedom to walk
- \_\_\_\_\_ Use of birthing ball or chair

### Induction if Needed

Yes/No | Preferences of method

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## DELIVERY PREFERENCES

### Rooming-In with Baby

Yes/No

### Baby's First Bath

- \_\_\_\_\_ In-room
- \_\_\_\_\_ Nurse-assisted

### Feeding

- \_\_\_\_\_ Breastfeeding
- \_\_\_\_\_ Bottle feeding
- \_\_\_\_\_ Combination

### Visitors

Yes/No | Visitors list

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## EMERGENCY CONTACTS

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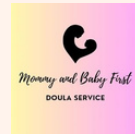
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# BIRTH PLAN



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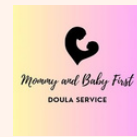
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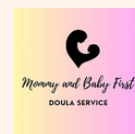
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# BIRTH PLAN

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# BIRTH PLAN

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