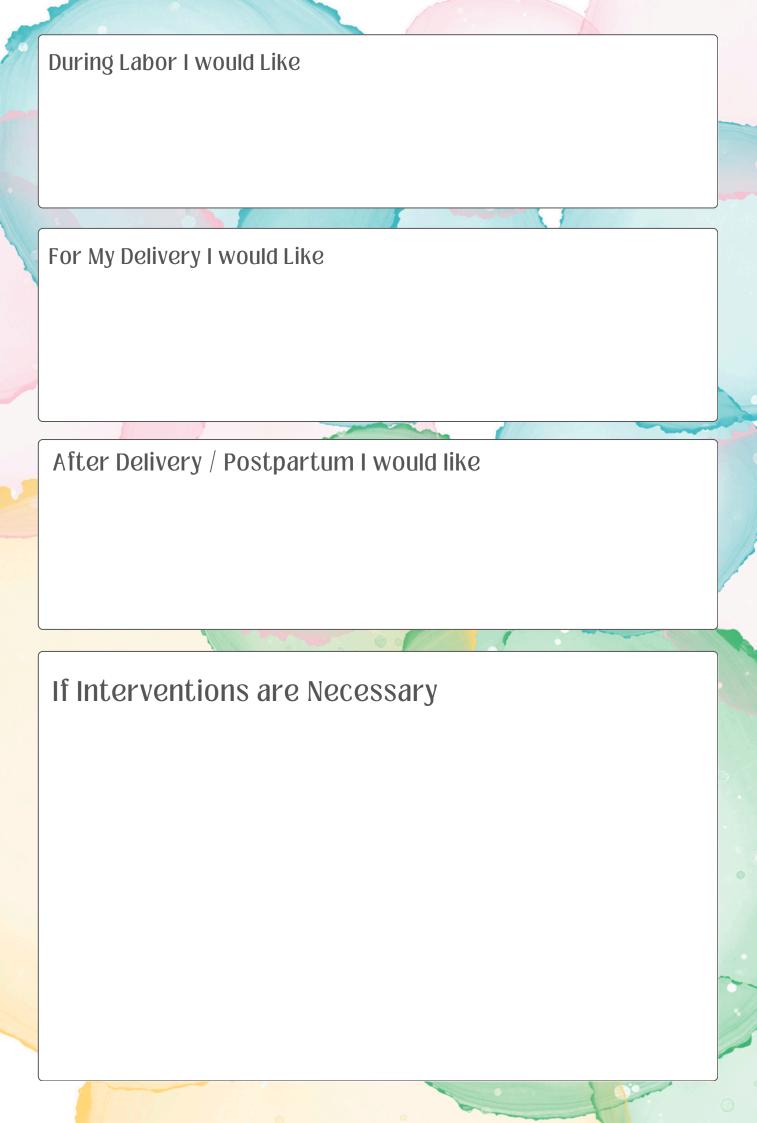
## Birth Plan

Name: D.O.B	
due date: Doctor:	
partner/ support person: Doula/ 2nd Support :	
Dodia/ Zha Sapport .	
Special about me:	
My delivery Plan is:	
For my Birthing space I would like:	
Asking about Pain:	
For pain management I'm using:	
	7
	•



## Baby Plan

Name:	_
Due Date	
Doctor:	
Dad:	_
Mom:	

**Circumsion** Y/N/Discuss

## Testing and Procedures:

Bath Y/N Vitamin K Y/N Hep B Y/N

Erythromycin- eye goop Y / N
Delay Testing 1hr / 2hr / \_\_\_\_\_

My Feeding Plan

If baby has to go to NICU

## Birth Plan B

If Induction is Necessary i want these Steps

If Cesarean is necessary I would Like