

Birth Plan

Name: _____

D.O.B _____

due date: _____

Doctor: _____

partner/ support person: _____

Doula/ 2nd Support : _____

Special about me: _____

My delivery Plan is: _____

For my Birthing space I would like:

Asking about Pain:

For pain management I'm using:

During Labor I would Like

For My Delivery I would Like

After Delivery / Postpartum I would like

If Interventions are Necessary

Baby Plan

Name: _____

Due Date _____

Doctor: _____

Dad: _____

Mom: _____

Testing and Procedures:

Bath Y / N

Vitamin K Y / N

Hep B Y / N

Erythromycin- eye goop Y / N

Delay Testing 1hr / 2hr / _____

Circumcision Y / N / Discuss

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