**OFFICIAL BIRTH PLAN**

for

[NAME OF MOTHER]

Due date: [DATE]

Partner’s name: [PARTNER'S NAME] Doctor/Midwife: [DOCTOR/MIDWIFE NAME]

Phone number: [PARTNER'S PHONE #] Phone number: [DOCTOR/MIDWIFE PHONE #]

**DELIVERY TYPE**

[ ]  Vaginal [ ]  C-Section [ ]  VBAC [ ]  Water Birth

All-natural birth without pain medication? [ ]  Yes [ ]  No

**HEALTH INFORMATION**

[ ]  Strep B

[ ]  Genital Herpes

[ ]  Gestational Diabetes

Number of pregnancies: [#]

Other conditions that may impact labor: [LIST/EXPLAIN]

**LABOR ENVIRONMENT**

Names of family and friends who can be in the room during delivery: [NAME 1]

 [NAME 2]

 [NAME 3]

 [NAME 4]

 [NAME 5]

Residents or students allowed in room during labor? [ ]  Yes [ ]  No

Lights: [ ]  Dimmed lighting [ ]  Natural lighting [ ]  No preference

Music:[ ]  Play music of choice [ ]  No music [ ]  No preference

Noise level: [ ]  Soft speaking [ ]  No speaking [ ]  No preference

**PAIN MANAGEMENT**

[ ]  Natural pain remedies. Specify: [SPECIFY NATURAL METHODS]

[ ]  Administer epidural and other medications as necessary using:

[ ]  Intravenous (IV) line [ ]  Heparin or saline lock [ ]  No preference

Allergies to any medication? [ ]  Yes [ ]  No

If yes, provide details: [ALLERGY DETAILS]

**LABOR PREFERENCES**

Movement: [ ]  Encourage walking, rocking, etc. [ ]  No preference

Fetal monitoring: [ ]  Continuous [ ]  Intermittent [ ]  No preference

Labor induction: [ ]  After 6 hours [ ]  After 12 hours [ ]  None

**DELIVERY**

Preferred birthing position:

[ ]  Semi-recline [ ]  Squatting [ ]  Standing upright [ ]  Lying on side [ ]  No preference

[ ]  Other: [SPECIFY OTHER POSITION]

I want to use a mirror to view the baby’s birth: [ ]  Yes [ ]  No

The birth will be filmed: [ ]  Yes [ ]  No

**AFTER DELIVERY**

[ ]  I want skin-to-skin contact with my baby immediately after delivery

[ ]  I want the baby to be dried off before being brought to me

Delay cord clamping: [ ]  Yes [ ]  No

The umbilical cord will be cut by: [ ]  Myself [ ]  My partner [ ]  No preference [ ]  Other: [OTHER]

**POST-NATAL CARE**

Baby feeding: [ ]  Breast feed [ ]  Baby formula [ ]  Combination of both

Pacifier: [ ]  Yes [ ]  No [ ]  No preference

Circumcision: [ ]  Yes [ ]  No