**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