

My Birth Plan

FULL NAME:

DUE DATE:

WHERE WOULD YOU LIKE TO GIVE BIRTH?

WHO WOULD YOU LIKE TO CATCH YOUR BABY?

(ob/gyn, midwife, etc.)

WHO WILL ATTEND YOUR BIRTH? (partner, friend, family, doula, etc.)

HOW DO YOU FEEL ABOUT PAIN MEDICATION SUCH AS EPIDURALS AND OPIOIDS? WOULD YOU LIKE PEOPLE TO OFFER THEM TO YOU, OR DO YOU PREFER TO INITIATE THE CONVERSATION IF DESIRED?

WHAT COPING SKILLS DO YOU WANT TO USE?

ARE THERE ANY INTERVENTIONS YOU HAVE STRONG FEELINGS ABOUT? PLEASE SHARE HERE.

DO YOU HAVE PLANS FOR YOUR PLACENTA? IF SO, PLEASE WRITE THEM HERE.

DO YOU HAVE SPECIFIC REQUESTS FOR YOUR BIRTH?

GIVEN THAT THE SITUATION ALLOWS, WOULD YOU LIKE THE FOLLOWING FOR YOUR BABY?

Cord blood banking (If yes, company/public bank name: _____)

Delayed-cord clamping

Skin-to-skin

Breastfeeding

Bottle-feeding

Eye medication

Vitamin K injection

Hepatitis B vaccine

Nursery or in-room care

Circumcision

	YES	NO	UNSURE
Cord blood banking (If yes, company/public bank name: _____)			
Delayed-cord clamping			
Skin-to-skin			
Breastfeeding			
Bottle-feeding			
Eye medication			
Vitamin K injection			
Hepatitis B vaccine			
Nursery or in-room care			
Circumcision			

ARE THERE CULTURAL CONSIDERATIONS THE TEAM SHOULD KNOW ABOUT?

IS THERE ANYTHING ELSE YOU'D LIKE TO SHARE WITH THE TEAM?