

THE BIRTH PLAN GUIDE

- ATMOSPHERE:**
- What makes you feel comfortable?
 - Think about lights and sounds
 - What kind of directions? Tone of voice
 - Scent or other additional things

- LABOR
PREFERENCES:**
- Should additional people be allowed in the room, such as photographer?
 - Do you want photos/videos to be taken?
 - Do you want support from a doula, labor coach or other additional support person?
 - Do you want to use warm shower/bath?
 - What labor positions would like to use or try?
 - Do you want to have the option of using a birthing stool, chair or bar?
 - Do you want to have access to a ball?
 - Do you prefer not to have an episiotomy unless it's medically necessary?

- DELIVERY
PREFERENCES:**
- Are you planning a water birth? Do you want someone with me in the birth pool?
 - Do you want to see the birth in a mirror?
 - How would you like to deliver the placenta?
 - If you'll need an unplanned c-section, who should be with you in the room?

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- RIGHT AFTER
THE DELIVERY:**
- Do you prefer a delayed cord clamping?
 - Who should cut the umbilical cord?
 - What are your preferences about skin-to-skin right after delivery?
 - Do you want to try 'breast crawl'?

- PAIN RELIEF:**
- Do you only want to use natural solutions to relief pain?
 - Are you planning on accepting an epidural if the pain becomes unbearable?
 - Do you definitely want an epidural no matter what, or do you definitely NOT want it?
 - What other pain relief options would you like to try out?
 - Consider breathing techniques, laughing gas, massage and other non-medical solutions

- CARING FOR
THE BABY:**
- How will the first hour (the "magic hour") be with the baby?
 - Do I want to put baby on breast right after birth?
 - Who will take care of bottle feeding if I can't/plan not on breastfeeding?
 - Do I want to offer the baby a pacifier?

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CARING FOR THE BABY:

- Do you want the baby with you in the room at all times or can the baby be moved into a nursery sometimes?
- Do you want to skip the hospital bath?
- Would you allow the medical staff to offer sugar water if something comes up and the baby needs extra comfort?

SPECIAL REQUIREMENTS:

- Do you or your partner have any special needs that need to be taken into consideration at the hospital?
- Do you want specific religious customs to be taken into consideration?

THE BIRTH PLAN

MOTHER _____

CONTACT INFO _____

BIRTH PLACE _____

BIRTH PARTNER _____

ATMOSPHERE

Blank area for writing birth atmosphere preferences.

LABOR
PREFERENCES

Blank area for writing labor preferences.

DELIVERY
PREFERENCES

Blank area for writing delivery preferences.

AFTER THE
DELIVERY

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THE BIRTH PLAN

MOTHER _____

PAIN RELIEF

CARING FOR BABY

SPECIAL REQUIREMENTS