

Simplified Birth Plan Template

Name: _____

Provider: _____

Partner: _____

Support Team: _____

Baby's sex is: Unknown Known: M / F

GBS status Positive Negative

RH status Positive Negative

Gestational diabetes Yes No

Allergies Yes No If Yes

Cervical checks Yes No Limited

Fetal monitoring Yes No Limited

Move freely during labor Yes No

How I'll manage pain:

Hypnobirthing

Massage

Birthing ball

Counter pressure

Shower/bath

Nitrous oxide

Patient-controlled analgesia

Pudendal block

Epidural

Other: _____

If an episiotomy is suggested, I would:

Follow advice Only have it if absolutely necessary Prefer to tear naturally

If an assisted delivery is necessary, I'd prefer:

Vacuum-assisted Forceps Medical staff to decide C-section instead

If I need a cesarean, I'd like:

The screen to remain in place To see my baby being born

Baby Care

Save cord blood

Delayed cord clamping

Delayed bath

Bottles okay

No formula

No pacifier

Immediate skin-to-skin