

My Birth Plan

DETAILS

Your name:

Where do you plan to give birth to your baby?

Name of place:

Address:

Co-Pilot

Name:

Phone Number:

Present During Birth: ☐ YES ☐ NO

Relationship to you:

Others you would like present during the birth?

Name + Relationship to you:

Name + Relationship to you:

Name + Relationship to you:

ENVIRONMENT

Music Playing: YES NO

Aromatherapy: YES NO

Dimmed lighting: YES NO

Other:

PREFERENCE OF BIRTHING POSITIONS

Rock back and forth YES MAYBE NO

Squat using furniture for support: YES MAYBE NO

Lean forward on a stable chair: YES MAYBE NO

Squat with your partner behind you for support: YES MAYBE NO

On hands and knees: YES MAYBE NO

Semi-sitting position using your partner for support: YES MAYBE NO

Kneel using a birthing ball for support: YES MAYBE NO

Lie on your side YES MAYBE NO

LABOUR PAIN RELIEF

Massage: YES NO

TENS Machine: YES NO

Gas: YES NO

Pethidine: YES NO

Epidural: YES NO

INTERVENTION PREFERENCES

Induction: YES IF RECOMMENDED NO

Forceps: YES IF RECOMMENDED NO

Ventouse (suction): YES IF RECOMMENDED NO

Episiotomy: YES IF RECOMMENDED NO

Caesarean: YES IF RECOMMENDED NO

AFTER BABY IS BORN

Immediate skin-to-skin: YES NO

Delayed cord clamping: YES NO

Co-pilot to cut the cord: YES NO

Injection to reduce risk of PPH with placenta delivery: YES NO

FEEDING YOUR BABY

☐ I plan to exclusively breastfeed

☐ I plan to combination feed

☐ I plan to exclusively formula feed

ANY OTHER SPECIAL REQUESTS?