My Birth Plan

NAME *Your full name*

DUE DATE *DD / MM / YYYY*

PROVIDER / HOSPITAL *Doctor or midwife name*

BLOOD GROUP *e.g. O+*

☐ I have gestational diabetes

LABOR PREFERENCES

- ☐ Birth partner(s) present: _____
- ☐ Freedom to move / change positions
- ☐ Music or a calm, dim atmosphere
- ☐ Pain relief: Unmedicated / epidural / open to either
- ☐ Continuous vs. intermittent fetal monitoring
- ☐ Doula or hypnobirthing techniques

Notes: _____

DELIVERY PREFERENCES

- ☐ Delayed cord clamping
- ☐ Immediate skin-to-skin contact
- ☐ Partner to help catch or announce baby's sex
- ☐ Comfort with episiotomy / forceps / vacuum if needed
- ☐ Photos or video during delivery
- ☐ Placenta preferences (delivery, viewing, saving)
- ☐ Preferred name if different from medical notes

Notes: _____

AFTER BIRTH / NEWBORN CARE

- ☐ Breastfeeding / chestfeeding as first feed
- ☐ Vitamin K shot / oral alternative
- ☐ Delay non-urgent newborn procedures (weighing, bathing)
- ☐ Partner present for all newborn procedures
- ☐ Rooming-in with baby

Notes: _____

IF A C-SECTION IS NEEDED

- ☐ Screen lowered to watch baby being born
- ☐ Music playing in the operating room
- ☐ Skin-to-skin as soon as medically possible
- ☐ Partner present throughout, if possible
- ☐ Delayed cord clamping, if medically appropriate

Notes: _____

BIRTH POSITIONS I'D LIKE TO TRY

- ☐ Birth ball
- ☐ Squatting
- ☐ Standing
- ☐ Birth stool
- ☐ Birth in bed
- ☐ Shower / Tub
- ☐ All fours

Notes: _____

VISITOR PREFERENCES

- ☐ Ready for visitors immediately after birth
- ☐ Prefer a delay before visitors (how long?: _____)
- ☐ Comfortable breastfeeding in front of visitors
- ☐ Prefer to breastfeed privately

Notes: _____

SPECIAL REQUESTS (CULTURAL, RELIGIOUS, OR PERSONAL)

- ☐ Interpreter or specific language support needed
- ☐ Religious or cultural practices to be aware of: _____

Notes: _____

Tip: Carry 2–3 copies — one for you, one for your birth partner, and one for your nurse or midwife.