

Home Birth Plan

Planned home birth with a midwife

birthplan.net

Name: _____

Midwife + phone: _____

Backup hospital + address: _____

Birth partner: _____

Due date: _____

Backup midwife + phone: _____

Travel time to hospital: _____

Allergies / medical notes: _____

We are planning to give birth at home with our midwife. If our midwife recommends a transfer to hospital, we will go - this plan includes our preferences for both.

BIRTH SPACE

Room we plan to use: _____

☐ Birth pool (filled when midwife advises)

☐ Dim lights, music, own clothes

☐ Pets kept in another room

Older children: who cares for them: _____

SUPPORT TEAM

Partner: _____

Doula: _____

Other people present: _____

☐ Photographer / photos by partner

LABOR

☐ Move freely, eat and drink

☐ Intermittent monitoring with a Doppler

☐ Water, shower, massage, TENS

☐ Gas and air (if our midwife provides it)

☐ Minimal vaginal exams

Other: _____

BIRTH AND AFTER

☐ Push when I feel the urge, any position

☐ I / my partner catch the baby

☐ Immediate skin-to-skin

☐ Wait until the cord stops pulsing

☐ Physiological third stage if appropriate

☐ Keep the placenta

Other: _____

NEWBORN CARE

☐ Newborn exam by the midwife

☐ Vitamin K injection

☐ Antibiotic eye ointment

☐ Arrange newborn screening and hearing test

☐ Book baby's first doctor visit

Other: _____

TRANSFER PLAN

☐ We agree to transfer if our midwife recommends it

Transport: our car / ambulance: _____

Driver: _____

☐ Hospital bag packed and by the door

☐ Bring this birth plan and my prenatal records

☐ Midwife comes with us if possible

☐ At hospital, see my hospital birth preferences

AFTER THE BIRTH

☐ Meals prepared and in the freezer

☐ Visitors only after we invite them

Postpartum midwife visits (dates): _____

NOTES