

Birth Preferences

Simple one-page birth plan

birthplan.net

Name: _____

Birth partner: _____

Allergies: _____

Due date: _____

Doctor / midwife: _____

Medical notes: _____

Our main hope is a safe, healthy birth. If plans change, please explain what is happening and include us in decisions.

MY TOP 3 PRIORITIES

1. _____
2. _____
3. _____

PAIN RELIEF

- ☐ Try without medication first
- ☐ Please don't offer - I will ask
- ☐ Planning an epidural
- ☐ Open to any option that helps

LABOR AND BIRTH

- ☐ Move freely and choose positions
- ☐ Intermittent monitoring if possible
- ☐ Push when I feel the urge
- ☐ Avoid episiotomy unless necessary

AFTER BIRTH

- ☐ Immediate skin-to-skin
- ☐ Delayed cord clamping
- ☐ Partner cuts the cord
- ☐ Breastfeed / chestfeed
- ☐ Formula feed

NEWBORN

- ☐ Procedures done in the room with us
- ☐ Delay first bath
- ☐ Baby rooms in with us

IF I NEED A CESAREAN

- ☐ Partner present throughout
- ☐ Skin-to-skin in the OR if possible
- ☐ Baby stays with me in recovery

NOTES