

# Birth Plan Template

Birth Plan for \_\_\_\_\_ Partner/Support name \_\_\_\_\_

Physician \_\_\_\_\_

1. What are your hopes for your childbirth experience? \_\_\_\_\_

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2. Who are your family and social support? Do you want them present for:

	Exams/Procedures	Birth

Additional notes about your support people and visitors: \_\_\_\_\_

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3. As you think about labor and birth, what concerns you the most?

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4. There are many comfort therapies for use during labor. Which of the following do you hope to use? Check all that apply.

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|--|--|---|
| <input type="checkbox"/> Breathing exercises | <input type="checkbox"/> Music                     | <input type="checkbox"/> Narcotic (IV) medicine   |
| <input type="checkbox"/> Walking             | <input type="checkbox"/> Massage                   | <input type="checkbox"/> "Walking" epidural (ITN) |
| <input type="checkbox"/> Shower/Tub          | <input type="checkbox"/> Birthing ball             | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Warm or cold packs  | <input type="checkbox"/> Squatting/other positions | <input type="checkbox"/> Other: _____             |