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PREPARING FOR CHILDBIRTH

Birth Plan

Name(s) _____ Due Date _____

Primary Caregiver _____ Birth Setting _____

My support people will be _____
(Name) (Relationship/Role)

(Name) (Relationship/Role)

We realize that our birth plan is neither a contract nor a guarantee of an uncomplicated labor. Our purpose is to introduce ourselves and to help you understand our preferences.

Introducing ourselves:

Important wishes, issues, fears, or concerns regarding mother or baby:

Preferences for managing labor pain:

Preferences for Normal Labor and Birth

First stage of labor (positions, movement, comfort measures, and food and beverages):

Second stage (positioning and pushing efforts):

Third stage and first hours after birth (for mother and baby):

Preferences for Unexpected Events

Induction and prolonged or complicated labor:

Cesarean birth:

Premature or sick baby:

Stillbirth or death of baby:

Preferences for Post Partum in Hospital for New Mother

I plan to Breastfeed Formula feed

Concerns and questions:

Feelings about visitors:

Controlling pain:

Educational needs:

Follow-up after discharge:

Adapted from the form prepared by the authors of *Pregnancy, Childbirth, and the Newborn*