

# MY BIRTH PLAN

Mother's Name: \_\_\_\_\_

Doula's Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

\_\_\_\_\_

Provider's Name: \_\_\_\_\_

\_\_\_\_\_

Delivery Is Planned As:  
\_\_\_\_\_

Conditions I Have:  
\_\_\_\_\_  
\_\_\_\_\_

I'd Like These People To Be  
With Me During Delivery:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Preferred Environment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Skin Closure:  
\_\_\_\_\_

After Delivery I'd Like  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tie The Fallopian Tubes:  
\_\_\_\_\_

Surgical Drape:  
\_\_\_\_\_

During Surgery, I Want My Arms:  
\_\_\_\_\_

Sedatives & Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After Delivery Feed The Baby: \_\_\_\_\_  
\_\_\_\_\_

Other Important Requests: \_\_\_\_\_  
\_\_\_\_\_