

# 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fetal Movement  
Monitoring Frequency:  
\_\_\_\_\_

Pain Management Methods I'd Like To Try:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pain Medication:  
\_\_\_\_\_

During Delivery I'd Like To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I'd Like To Try These Birth Positions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Episiotomy Is Suggested: \_\_\_\_\_  
\_\_\_\_\_

If C-Section Is Suggested: \_\_\_\_\_  
\_\_\_\_\_

