



# *The Ultimate*

# BABY PREP PLANNER



# MY PREFERENCES

# NURSERY ROOM PREFERENCES

Overall Theme/Style	
Color Palette	
Wall Design Preference	
Wall Décor Preferences	
Furniture Style & Color Preference	
Lighting Design	
Textile Preferences	
Flooring Style	
Storage Style	
Decorative Accents	
Personalization Options	
Sustainability Preferences	

## NOTES

---

---

---

---

---



# FINANCIAL PLANNING













# SHOPPING LISTS

# BABY ESSENTIALS CHECKLIST

## Clothing

- Homecoming outfit
- Onesies/Bodysuits
- Footed Pajamas/Sleepers
- Swaddle blankets
- Velcro or zip-up swaddle wraps
- Pairs of socks
- Soft cotton caps
- Pairs of no-scratch mittens
- Sleep sacks
- Light sweaters or cardigans
- Fleece suit or snowsuit
- Warm jackets or coats
- Sun hat
- Winter hat
- Dressier outfits
- Soft shoes or booties
- Leggings or soft pants
- 
- 
- 
- 
- 
- 
- 
- 
- 

## Diapering

- Newborn size diapers
- Size 1 diapers
- Wipes
- Wipe warmer
- Changing pad
- Portable changing pad
- Diaper caddy
- Diaper cart
- Diaper pail
- Diaper pail refills
- Diaper bags
- Baby powder
- Vaseline
- Rash cream
- Diaper cream spatula
- Hand sanitizer
- Disposable diaper sacks
- Cloth diapers
- Cloth diaper liners
- Wet bags for cloth diapers
- Changing pad liners
- Diaper rash spray
- Diaper ointment brush
- Diaper covers (for cloth diapering)
- Scented diaper disposal bags

# BABY ESSENTIALS CHECKLIST

## Bathing

- Baby bathtub
- Bath support or bath seat
- Baby bath towels
- Hooded towels
- Washcloths
- Baby body wash
- Baby shampoo
- Baby lotion or moisturizer
- Baby sponge
- Soft bristle baby brush
- Baby bath thermometer
- Rinse cup
- Bath toys
- Baby nail clippers or nail scissors
- Baby bath kneeler (for parents' comfort)
- Bath toy organizer
- Non-slip bath mat

## Baby Gear

- Infant Car Seat
- Infant Car Seat Cover
- Car Seat Mirror
- Baby Car Seat Toys
- Car seat cover for sun protection

- Stroller & Stroller Organizer
- Stroller Rain Cover
- Baby Carrier
- Bassinet
- Travel Bassinet
- Portable Crib or Play Yard
- Diaper Bag
- Play Mat
- Baby Swing
- Baby Lounger

## Others

- Pacifiers
- Pacifier Clips
- Baby Laundry Detergent
- Thermometer
- Organization Labels
- Nasal Aspirator
- Digital Thermometer
- First Aid Kit
- Infant Pain Reliever
- Keepsake box
- Baby journal

# BABY ESSENTIALS CHECKLIST

## Nursing & Feeding

- Formula
- Bottles
- Bottle Nipples
- Bottle Brush
- Sterilizer
- Formula Dispenser
- Bottle Warmer
- Bibs
- Burp Cloths
- Baby Food Storage Containers
- Travel Bottle Cooler
- Bottle Tote/Insulated Bag
- Baby Formula Mixing Pitcher
- Bottle Dryer Rack
- Breast Pump
- Pump Accessories
- Breast Milk Storage Bags
- Nursing Pads
- Nipple Cream
- Nursing Pillow
- Nursing Cover
- Breastfeeding-Friendly Clothing
- Pacifiers
- Breast Milk Cooler Bag
- Bottle Nipples

- Nursing Necklace
- Milk Storage Containers
- Nursing App
- Manual Breast Pump
- Breastfeeding Chart
- 
- 

## For Mommy

- Postpartum underwear
- Cooling pads
- Weighted blanket
- Journal
- Postpartum belly wrap
- Comfy loungewear
- Nursing bras and tanks
- Cooling/healing pads
- Comfy shoes
- Supportive pillows
- Compression socks
- Multivitamins
- Audiobooks
- Affirmation cards
- Essential oils
- 
- 
-

# NURSERY ROOM CHECKLIST

## Furniture

- Crib + Mattress
- Changing table
- Dresser
- Glider / Nursing Chair
- Pouf / Ottoman with storage
- Side Table
- Closet
- Bookshelf / Vertical Storage
- Bassinet / Infant Carrier
- Furniture

## Bedding

- Crib Bedding
- Fitted Sheets
- Water Proof Mattress Protectors
- Dust Ruffle / Crib Skirt
- Nursing Pillows
- Blankets for Parents

## Accessories

- Changing Pads
- Changing Pad Covers
- Diaper Pail
- Cordless Blackout Curtains
- Playmat

## Storage

- Shelves / Book Case
- Diaper Caddy
- Storage Baskets with Lids
- Laundry Hamper
- Toy Storage
- Rolling Cart
- Clear Containers
- Closet Dividers
- Head Bands

## Baby Safety

- Baby First Aid Kit
- Baby Gates
- Plug Protectors
- Sliding Outlet Covers
- Corner Protectors
- Smoke Detector
- Cabinet & Window Locks
- Door Stoppers
- Anti-tip Furniture Straps
- Finger Pinch Guard
- 
- 
- 
-







GETTING READY  
FOR THE BABY

# THINGS TO DO BEFORE BABY

#	Task	Status Done / Later	Notes
1	Stock up on postpartum recovery items.	<input type="radio"/> <input type="radio"/>	
2	Prepare a cozy postpartum recovery kit.	<input type="radio"/> <input type="radio"/>	
3	Arrange for a postpartum doula or support.	<input type="radio"/> <input type="radio"/>	
4	Plan for mental health support and resources.	<input type="radio"/> <input type="radio"/>	
5	Discuss and plan for visitors after the baby is born.	<input type="radio"/> <input type="radio"/>	
6	Finalize the baby's name and discuss how to announce it.	<input type="radio"/> <input type="radio"/>	
7	Pack the hospital bag for mom, dad, and baby.	<input type="radio"/> <input type="radio"/>	
8	Ensure emergency contact numbers are ready.	<input type="radio"/> <input type="radio"/>	
9	Get familiarized with baby CPR and basic first aid.	<input type="radio"/> <input type="radio"/>	
10	Check that health insurance is set up and covers everything.	<input type="radio"/> <input type="radio"/>	
11	Prepare at least 1 month of meals and freeze them.	<input type="radio"/> <input type="radio"/>	
12	Stock up on diapers. (Newborn & Size 1)	<input type="radio"/> <input type="radio"/>	
13	Ensure the home is stocked with basic household supplies.	<input type="radio"/> <input type="radio"/>	
14	Ensure pet supplies are stocked and accessible.	<input type="radio"/> <input type="radio"/>	
15	Organize baby feeding supplies.	<input type="radio"/> <input type="radio"/>	
16	Complete the baby nursery set up.	<input type="radio"/> <input type="radio"/>	
17	Wash all baby clothes.	<input type="radio"/> <input type="radio"/>	
18	Organize baby clothes in drawers or closets.	<input type="radio"/> <input type="radio"/>	
19	Set up the diaper caddy or diaper cart.	<input type="radio"/> <input type="radio"/>	

# THINGS TO DO BEFORE BABY

#	Task	Status Done / Later	Notes
20	Make sure all baby areas are baby-proofed.	<input type="radio"/> <input type="radio"/>	
21	Install and check the car seat.	<input type="radio"/> <input type="radio"/>	
22	Set up a baby first aid kit with essentials.	<input type="radio"/> <input type="radio"/>	
23	Assemble and test baby gear.	<input type="radio"/> <input type="radio"/>	
24	Make sure all baby toys and accessories are safe.	<input type="radio"/> <input type="radio"/>	
25	Set up a baby laundry basket for soiled clothes.	<input type="radio"/> <input type="radio"/>	
26	Create a system for tracking feeding and diaper changes.	<input type="radio"/> <input type="radio"/>	
27	Set up a comfortable breastfeeding or feeding station.	<input type="radio"/> <input type="radio"/>	
28	Plan for newborn photos or a photo shoot.	<input type="radio"/> <input type="radio"/>	
29	Arrange a birth announcement.	<input type="radio"/> <input type="radio"/>	
30	Pre-book newborn doctor appointments.	<input type="radio"/> <input type="radio"/>	
31	Organize the baby's medical records and documents.	<input type="radio"/> <input type="radio"/>	
32	Write a birth plan.	<input type="radio"/> <input type="radio"/>	
33	Plan for pet introductions to the baby.	<input type="radio"/> <input type="radio"/>	
34	Deep clean the house before the baby arrives.	<input type="radio"/> <input type="radio"/>	
35	Arrange for childcare for older siblings or pets.	<input type="radio"/> <input type="radio"/>	
36	Create a chore schedule to delegate tasks after the baby arrives.	<input type="radio"/> <input type="radio"/>	
37	Sanitize the baby room.	<input type="radio"/> <input type="radio"/>	
38	Prepare an overnight bag for unexpected hospital stays.	<input type="radio"/> <input type="radio"/>	



# BABY SAFETY CHECKLIST

#	Task	Status Done / Later	Notes
1	Crib meets current safety standards.	<input type="radio"/> <input type="radio"/>	
2	Crib mattress is firm and snugly fits in the crib	<input type="radio"/> <input type="radio"/>	
3	Pillows, blankets, and decor items removed from the crib.	<input type="radio"/> <input type="radio"/>	
4	Heavy furniture is anchored to the wall.	<input type="radio"/> <input type="radio"/>	
5	Corner protectors are installed on furniture sharp edges.	<input type="radio"/> <input type="radio"/>	
6	Changing table is placed against a wall.	<input type="radio"/> <input type="radio"/>	
7	Safety strap is used on the changing table.	<input type="radio"/> <input type="radio"/>	
8	Drawer locks / latches are installed on dressers & cabinets.	<input type="radio"/> <input type="radio"/>	
9	Choking hazards are stored out of reach.	<input type="radio"/> <input type="radio"/>	
10	Wall art or hanging items are securely mounted.	<input type="radio"/> <input type="radio"/>	
11	Outlet covers are installed on all accessible outlets.	<input type="radio"/> <input type="radio"/>	
12	Nursery is clutter-free to prevent tripping hazards.	<input type="radio"/> <input type="radio"/>	
13	Smoke detectors are installed and functional.	<input type="radio"/> <input type="radio"/>	
14	Carbon monoxide detectors are installed and functional.	<input type="radio"/> <input type="radio"/>	
15	Door pinch guard is installed on all doors.	<input type="radio"/> <input type="radio"/>	
16	Door stoppers are in place to prevent slamming.	<input type="radio"/> <input type="radio"/>	
17	Crib mobile / hanging decor are out of reach of the baby.	<input type="radio"/> <input type="radio"/>	
18	Baby monitor is positioned safely out of reach of the baby.	<input type="radio"/> <input type="radio"/>	
19	Fire extinguisher is installed and functional.	<input type="radio"/> <input type="radio"/>	



# BABY'S FIRST DAY AT HOME

#	Task	Status Done / Later	Notes
1	Decorate the home and nursery.	<input type="radio"/> <input type="radio"/>	
2	Capture the first moments at home.	<input type="radio"/> <input type="radio"/>	
3	Take family photos with the baby, parents, and siblings.	<input type="radio"/> <input type="radio"/>	
4	Plan a small family meet-up or virtual introduction.	<input type="radio"/> <input type="radio"/>	
5	Send out a birth announcement or social media update.	<input type="radio"/> <input type="radio"/>	
6	Pick out a special "first day at home" outfit for the baby.	<input type="radio"/> <input type="radio"/>	
7	Capture the baby's footprints with a keepsake kit.	<input type="radio"/> <input type="radio"/>	
8	Keep baby's hospital wristband or first outfit as a memory.	<input type="radio"/> <input type="radio"/>	
9	Introduce the baby to their new home by gently showing them around.	<input type="radio"/> <input type="radio"/>	
10	Plan skin-to-skin bonding time for both parents with the baby.	<input type="radio"/> <input type="radio"/>	
11	Prepare light refreshments or snacks for visitors.	<input type="radio"/> <input type="radio"/>	
12	Have siblings offer small welcome gifts for the baby.	<input type="radio"/> <input type="radio"/>	
13	Create a quiet, peaceful space for the baby to rest.	<input type="radio"/> <input type="radio"/>	
14	Set up a cozy spot for mom to rest and recover.	<input type="radio"/> <input type="radio"/>	
15	Plant a tree or flower to mark baby's arrival.	<input type="radio"/> <input type="radio"/>	
16	Start a baby scrapbook or time capsule.	<input type="radio"/> <input type="radio"/>	
17		<input type="radio"/> <input type="radio"/>	
18		<input type="radio"/> <input type="radio"/>	
19		<input type="radio"/> <input type="radio"/>	



# MEAL PLANNER

Week: \_\_\_\_\_

Date from: \_\_\_\_\_ to: \_\_\_\_\_

	Breakfast	Lunch	Dinner	Snacks
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

# BABY STUFF ORGANIZATION

ONESIES

MITTENS

CAPS

SOCKS & BOOTIES

BODYSUITS

PAJAMAS

BIBS

SWADDLES

SLEEP SACKS

BURP CLOTHS

LEGGINGS/PANTS

BABY TOWELS

NEWBORN

0-3 MONTHS

3-6 MONTHS

6-9 MONTHS

9-12 MONTHS

PACIFIERS

DIAPERS

TOYS

BOOKS

MEDICINES

WIPES

LAUNDRY

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE

YOUR TEXT HERE



# GETTING READY FOR BIRTH

# EMERGENCY LABOR INFO

Partner/Spouse Contact	
Alternative Phone Number	
OB-GYN Contact	
Pediatrician Contact	
Preferred Hospital/ Birthing Center	
Doula/Midwife	
Backup Birth Plan Contact	
Insurance Information	
Childcare Contact	
Neighbor/ Close Friend Contact	
Labor and Delivery Bag Location	
Pet Care Contact	
Workplace Contact	
Blood Type	

SPECIAL INSTRUCTIONS FOR CAREGIVERS

---

---

---

---

---



# QUESTIONS FOR HOSPITAL

## Pre-Admission and Preparation

Do you offer any type of birthing classes? If so, who teaches them, and how much do they cost?

---

---

---

Is there any paperwork I can complete before my delivery?

---

---

---

Can I pre-register for admission to make check-in easier when I arrive in labor?

---

---

---

Can I tour the labor and delivery unit before my due date?

---

---

---

Where do I go when I present in labor? Where is the best place to park?

---

---

---

What services are included in my hospital bill, and what might be extra?

---

---

---

Is the anesthesiologist included in the hospital bill, or will I be billed separately for an epidural?

---

---

---

# QUESTIONS FOR HOSPITAL

## Pre-Admission and Preparation

- Is this a teaching hospital? If so, should I expect residents or students to be present during delivery?

---

---

---

## Policies and Visitor Information

- What is the hospital's policy on labor induction, and when is it considered medically necessary?

---

---

---

- What are the hospital's policies regarding support people? Can my partner, doula, or other family members be present during labor and delivery?

---

---

---

- Are there specific COVID-19 protocols still in place for labor and delivery?

---

---

---

- What is your visitor policy? Are siblings allowed to visit?

---

---

---

- How many people are allowed in the room during labor and delivery? What about in the event of a C-section?

---

---

---

- Are doulas allowed?

---

---

# QUESTIONS FOR HOSPITAL

## Birth Environment and Comfort Options

What type of birthing rooms are available?

---

---

---

Will I have to share a room with anyone, or are all the rooms private?

---

---

---

Do you have any rooms with tubs or showers?

---

---

---

Will I have access to birthing balls, squat bars, or other support equipment?

---

---

---

Does the hospital allow freedom of movement during labor? Can I walk around, change positions, or use a birthing ball?

---

---

---

Do you allow wireless fetal monitoring so I can move around?

---

---

---

Will I have access to my own environment like a low-light setup if I prefer a calming atmosphere?

---

---

---

# QUESTIONS FOR HOSPITAL

## Birth Environment and Comfort Options

Is my support person allowed to take pictures or record video during labor and birth?

---

---

---

Does my support person have a place to sleep in the room? What accommodations are there for them?

---

---

---

Will my support person be provided meals? If not, is there a cafeteria on-site where they can get food?

---

---

---

## Labor and Delivery Procedures

What is your C-section rate?

---

---

---

Under what circumstances might a cesarean section be recommended?

---

---

---

If a C-section becomes necessary, can my support person stay with me in the operating room?

---

---

---

# QUESTIONS FOR HOSPITAL

## Labor and Delivery Procedures

What methods do you most commonly use to induce labor?

---

---

---

Am I required to have an IV during labor? If so, can I have a saline lock?

---

---

---

What pain management options are available during labor? (Both medicinal and non-medicinal)

---

---

---

What is the average wait time to receive an epidural?

---

---

---

Do you support and encourage immediate skin-to-skin contact?

---

---

---

Do you allow delayed cord clamping?

---

---

---

How does the hospital handle requests like delayed cord clamping, immediate skin-to-skin contact, and delayed newborn procedures for bonding time?

---

---

---

---

---

# QUESTIONS FOR HOSPITAL

## Post-birth and Newborn Care

How soon can breastfeeding be initiated after birth?

---

---

---

Do you have lactation consultants or other breastfeeding assistance resources on-site?

---

---

---

Are lactation consultants available to help with breastfeeding, and how soon after birth can I see one?

---

---

---

If I plan to formula-feed, what support does the hospital provide?

---

---

---

Are there breast pumps available for use during my stay?

---

---

---

Will my baby stay with me in the room at all times, or are there any required procedures that will take the baby out of the room?

---

---

---

Can I hold my baby immediately after birth, even if I have a C-section?

---

---

---

# QUESTIONS FOR HOSPITAL

## Post-birth and Newborn Care

- What standard tests and procedures will my baby receive after birth (e.g., Vitamin K shot, eye ointment, heel prick)?

---

---

---

- Can I decline or delay any of these newborn procedures if I choose?

---

---

---

- Do you offer delayed bathing, so the baby has time to bond and regulate temperature?

---

---

---

## Special Considerations and Additional Support

- What circumstances might prompt my baby to be separated from me after birth?

---

---

---

- How does the hospital handle situations if the baby needs special care or has to be admitted to the NICU?

---

---

---

- If my baby requires NICU care, will I be able to visit and have skin-to-skin contact?

---

---

---

# QUESTIONS FOR HOSPITAL

## Special Considerations and Additional Support

Do you provide information on postpartum mental health resources if I need them?

---

---

---

Are there any postpartum support resources, such as classes or groups, for after I leave the hospital?

---

---

---

Is there a hotline or support system I can contact if I have questions after I leave the hospital?

---

---

---

## Postpartum and Recovery Services

How long is the typical stay for a vaginal birth and a C-section?

---

---

---

Are there options for rooming in with my baby, or is there a nursery available?

---

---

---

Do you provide meals for postpartum recovery?

---

---

---

What amenities are available for comfort during labor and postpartum recovery?

---

---

---

# QUESTIONS FOR HOSPITAL

○

---

---

○

---

---

○

---

---

○

---

---

○

---

---

○

---

---

○

---

---

○

---

---

---

---

# HOSPITAL BAG CHECKLIST

## For Mom

- Comfortable clothing
- Robe or dressing gown
- Non-slip socks or slippers
- Nursing bras
- Maternity pads
- Nursing pads
- Hair ties or clips
- Lip balm
- Eye mask
- Earplugs
- Snacks and drinks
- Birth plan
- Extra-long phone charger
- Pillow from home
- Water bottle or reusable straw
- Stress ball
- Essential Oils
- Birth Affirmation Cards

## For Baby

- 3-4 Onesies
- 3-4 Sleepers
- Going Home Outfit
- 3-4 Soft Cotton Hats
- 3-4 Pairs of Socks or Booties

- 2-3 Receiving Blankets
- 2-3 Pairs of No-Scratch Mittens
- 1-2 Swaddle Blankets
- A Pack of Newborn Diapers
- Wet Wipes
- Diaper Disposal Bags
- Portable Changing Sheet
- Baby Powder
- Vaseline
- Cotton Swabs
- Baby Lotion
- Pacifiers
- Baby Nail Clippers
- Baby Grooming Kit

## For Dad

- Change of clothes
- Comfortable shoes
- Pajamas
- Snacks and drinks
- Chargers for devices
- Camera or phone with charger
- Toothbrush and deodorant
- Cash or credit card
- Pillow and blanket
-

# HOSPITAL BAG CHECKLIST

## Recovery

- Postpartum underwear
- Disposable pads or adult diapers
- Peri bottle
- Ice packs
- Nursing pillow
- Nipple cream
- Medications
- Comfortable clothing for going home
- Postpartum belly wrap (Csection)
- Nursing bras or tanks
- Cooling/healing pads
- Abdominal binder (for C-section)
- Comfy loungewear or pajamas
- Compression socks
- 
- 
- 

## Toiletries

- Toiletries
- Toothbrush and toothpaste
- Shampoo and conditioner
- Body wash
- Deodorant

- Facial cleanser
- Moisturizer
- Hairbrush or comb
- Dry shampoo
- Chapstick
- Makeup (if desired)
- Tucks Pads (for hemorrhoid relief)
- Stool softeners (ask your doctor)
- Hand Sanitizer

## Celebration

- Camera or phone with charger
- Memory cards
- Props for baby photos
- Announcement cards or social media templates
- Notebook or journal

## Others

- Hospital-approved identification
- Insurance cards
- Cash or credit card
- Copies of important documents
- Copies of your birth plan
- ID and insurance cards
-

# MY BIRTH PLAN

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## Delivery Is Planned As:

Primary C-Section

Gentle C-Section

Repeated C-Section

## Health Info:

Group B Strep

Gestational Diabetes

High Blood Pressure

RH Incompatibility

Herpes

High Risk

Allergies: \_\_\_\_\_

Any Other: \_\_\_\_\_

None

\_\_\_\_\_

\_\_\_\_\_

## People I'd Like To Be With Me

Parent: \_\_\_\_\_

Partner: \_\_\_\_\_

Friend: \_\_\_\_\_

Doula: \_\_\_\_\_

Others: \_\_\_\_\_

## My Preferred Sedatives

General Anesthesia

Spinal Anesthesia

Limited Sedatives

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Fallopian Tubes

Tie The Tubes

Do Not Tie The Tubes

## During Surgery, I Want My Arms

Free

Taped

## Surgical Drape

Drape The Covers Me

Clear Drape

Lowered Drape

## My Preferred Skin Closure

Skin Glue

Staples

Sutures

Doctor Decides

Other: \_\_\_\_\_

# MY BIRTH PLAN

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## My Preferred Environment

Please Don't Allow Students

Explain The Surgery As It Happens

Limited Staff

Support Person To Stay With Me

\_\_\_\_\_

\_\_\_\_\_

## After Delivery, I'd Like To

Immediate Skin-to-Skin In the Operating Room

My Support Person To Cut The Umbilical Cord

Medical Staff To Cut The Umbilical Cord

Breastfeed ASAP

Delay Cord Clamping

I'd Like Baby's First Bath Given In My Or My Support Person's Presence

To Take My Placenta Home With Me

To See The Placenta Before It Is Discarded

If Available, Donate My Placenta To Public Bank

If Available, Donate My Placenta To Private Bank

For Baby Boy, Circumcise Him At The Hospital

Do Not Circumcise My Baby Boy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## After Delivery Feed The Baby:

Feed The Baby On Demand

Feed The Baby With Breastmilk By Breast

Feed The Baby On Schedule

Feed The Baby With Breastmilk By Bottle

With The Help Of Lactation Specialist

Feed The Baby With Formula Milk

## Other Important Notes

---

---

---

---

---

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

# MY BIRTH PLAN

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## Delivery Is Planned As:

Vaginal     C-Section     VBAC     Water Birth     Other \_\_\_\_\_

## Health Info:

Group B Strep     Gestational Diabetes     High Blood Pressure  
 RH Incompatibility     Herpes     High Risk  
 Allergies: \_\_\_\_\_     Any Other: \_\_\_\_\_     None  
\_\_\_\_\_

## People I'd Like To Be With Me

Parent: \_\_\_\_\_     Partner: \_\_\_\_\_     Friend: \_\_\_\_\_  
 Doula: \_\_\_\_\_     Others: \_\_\_\_\_

## My Preferred Environment

Quiet     Dim Lighting     Minimal Interruptions  
 Minimal Cervical Exams     Wear My Own Clothes     Free Movements  
 Eating & Drinking (As Allowed)     Limited Staff     No Students  
 No IV     Aromatherapy     \_\_\_\_\_  
 \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

## I'd Like Fetal Monitoring

Continuous     Intermittent     Only When Baby Is Distressed  
 Only By Doppler     Others: \_\_\_\_\_

## Pain Mediations

Please Offer     Please Don't Offer     Doctor Decides  
 Offer Epidural     Other: \_\_\_\_\_

# MY BIRTH PLAN

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## Pain Management

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="radio"/> Massage       | <input type="radio"/> Birthing ball | <input type="radio"/> Counter pressure |
| <input type="radio"/> Meditation    | <input type="radio"/> Reflexology   | <input type="radio"/> TENS machine     |
| <input type="radio"/> Nitrous oxide | <input type="radio"/> Hydrotherapy  | <input type="radio"/> Hot/cold pack    |
| <input type="radio"/> _____         | <input type="radio"/> _____         | <input type="radio"/> _____            |

## I'd Like To Try These Birth Positions

- |                                       |                                     |                                   |
|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> Squatting       | <input type="radio"/> Birth ball    | <input type="radio"/> Sitting     |
| <input type="radio"/> Birth stool     | <input type="radio"/> Lying on side | <input type="radio"/> In bed      |
| <input type="radio"/> Hands and knees | <input type="radio"/> Kneeling      | <input type="radio"/> Water birth |
| <input type="radio"/> _____           | <input type="radio"/> _____         | <input type="radio"/> _____       |

## During Delivery I'd Like To

- |  |   |  |
|--|---|--|
| <input type="radio"/> Use Mirror                 | <input type="radio"/> Push Spontaneously            | <input type="radio"/> Push As Directed             |
| <input type="radio"/> Be In The Water            | <input type="radio"/> Lie On My Side                | <input type="radio"/> Be In Hands And Knees        |
| <input type="radio"/> Use A Stress Ball          | <input type="radio"/> Avoid Forceps Usage           | <input type="radio"/> Avoid Vacuum Extraction      |
| <input type="radio"/> Use People For Leg Support | <input type="radio"/> Lean On My Support Person     | <input type="radio"/> Use A Ball/Chair For Support |
| <input type="radio"/> Help Catch The Baby        | <input type="radio"/> Support Person Catch The Baby | <input type="radio"/> Touch Baby's Head            |
| <input type="radio"/> _____                      | <input type="radio"/> _____                         | <input type="radio"/> _____                        |

## If Episiotomy Is Suggested

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="radio"/> Follow Advise | <input type="radio"/> Avoid In Any Case | <input type="radio"/> Do Only If Absolutely Necessary |
|-------------------------------------|---|---|

## If C-Section Is Suggested

- |   |   |
|---|---|
| <input type="radio"/> I'd Like A Second Opinion                 | <input type="radio"/> I'd Like To Stay Conscious    |
| <input type="radio"/> Please Explain The Surgery During Process | <input type="radio"/> Lower The Screen So I Can See |
| <input type="radio"/> Let My Support Person Stay With Me        | <input type="radio"/> _____                         |
| <input type="radio"/> _____                                     | <input type="radio"/> _____                         |

# MY BIRTH PLAN

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## After Delivery, I'd Like To

- Deliver The Placenta Naturally
- My Support Person To Cut The Umbilical Cord
- Medical Staff To Cut The Umbilical Cord
- Not To Be Given Pitocin/Oxytocin
- I'd Like To Hold Baby Right After Delivery
- Immediate Skin-To-Skin
- I'd Like To Hold The Baby After Getting Cleaned Up And Swaddled
- Breastfeed ASAP
- Delay Cord Clamping
- Delayed Exams For Bonding
- I'd Like Baby's First Bath Given In My Or My Support Person's Presence
- To Take My Placenta Home With Me
- To See The Placenta Before It Is Discarded
- If Available, Donate My Placenta To Public Bank
- If Available, Donate My Placenta To Private Bank
- For Baby Boy, Circumcise Him At The Hospital
- Do Not Circumcise My Baby Boy
- \_\_\_\_\_
- \_\_\_\_\_

## After Delivery Feed The Baby:

- Feed The Baby On Demand
- Feed The Baby With Breastmilk By Breast
- Feed The Baby On Schedule
- Feed The Baby With Breastmilk By Bottle
- With The Help Of Lactation Specialist
- Feed The Baby With Formula Milk

## Other Important Notes

---

---

---

---

---

---

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

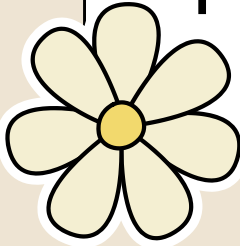




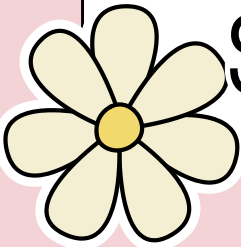
My Body  
Is Doing  
Its Job  
Perfectly.



It's Not  
Just Pain,  
It's  
Power.



I'm Going  
to Meet  
My Baby  
Very  
Soon

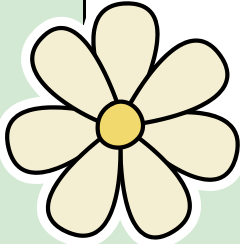


This Pain  
Will Not  
Last  
Forever.






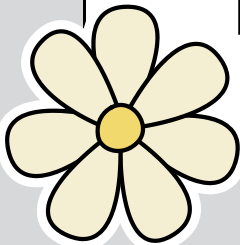
I'm  
Surrounded  
by Love and  
Support.




The Baby  
Is Safe;  
So Am I.




I'm  
Capable  
of Doing  
This.

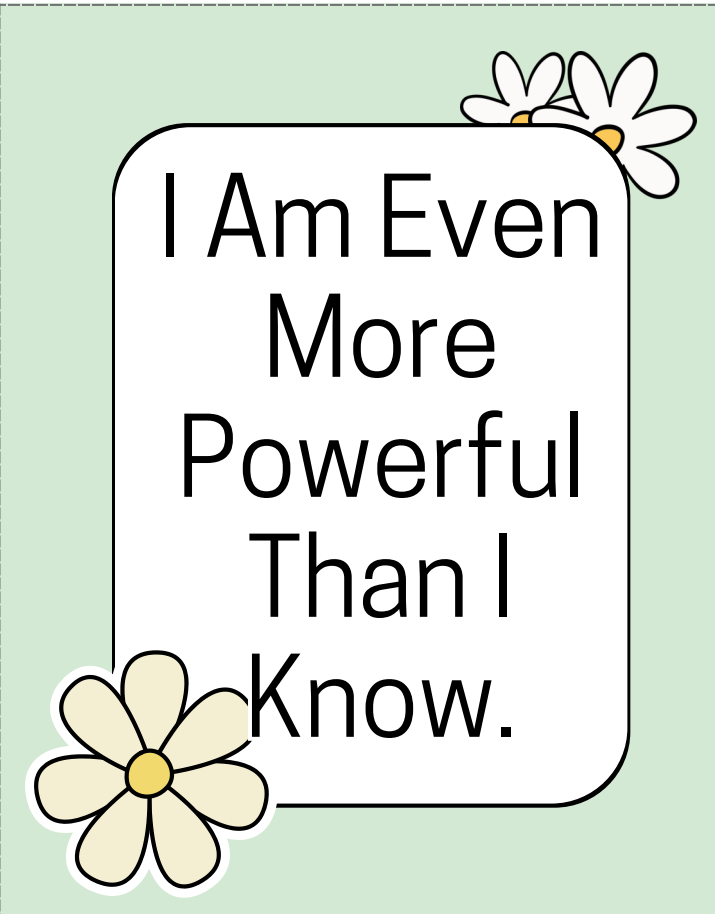


I'm So  
Ready to  
Hold My  
Baby.






My Baby  
Is Strong  
and  
Healthy.



I Am Even  
More  
Powerful  
Than I  
Know.




My Baby  
Is  
Coming!



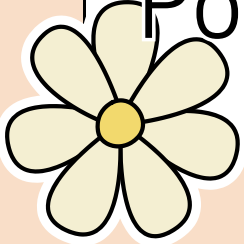
Each  
Contraction  
Has a  
Purpose.




I Am  
Proud of  
Myself.



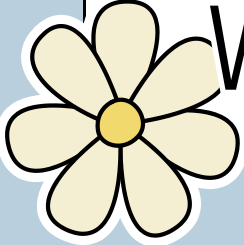
I Am  
Surrounded  
by Strength  
and  
Positivity.




I Can  
Handle  
Anything  
That  
Comes My  
Way.

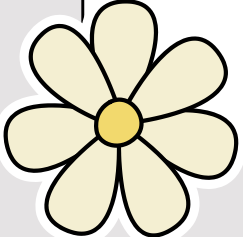


I Am  
Bringing  
Life into  
the  
World.







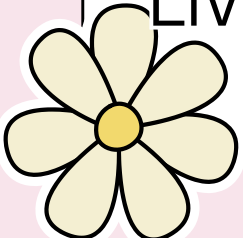
I Knew I  
Was This  
Strong!



I Trust in  
the  
Strength  
I've Built.



If My Mom  
Could Do This,  
So Can I.  
Her Strength  
Lives in Me.



I Am Fierce, I  
Am  
Unstoppable,  
and I Am Not  
Alone.

