

# MY BIRTH PLAN



NAME:

DR'S NAME:

PARTNER'S NAME:

DUE DATE:

## ABOUT ME

PREFERRED DELIVERY METHOD

- VAGINAL
- C-SECTION
- VBAC
- OTHER

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I HAVE:

- GESTATIONAL DIABETES
- GROUP B STREP
- RH INCOMPATIBLE WITH BABY
- POSITIVE FOR HERPES
- NONE OF THE ABOVE

PAIN MANAGEMENT

- PLEASE DON'T OFFER
- EPIDURAL PLEASE
- BREATHING TECHNIQUES
- OTHER

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## DELIVERY

DURING DELIVERY

- PUSH SPONTANEOUSLY
- COACH TO PUSH
- MOVE FREELY IN DIFFERENT POSITIONS
- USE A MIRROR, I'D LIKE TO SEE
- NO FORCEPS OR VACCUUM IF POSSIBLE

IMMEDIATELY AFTER

- IMMEDIATE SKIN TO SKIN
- DELAYED CORD CLAMPING
- PARTNER TO CUT THE CORD
- BANK OR DONATE CORD BLOOD
- BREASTFEED AS SOON AS POSSIBLE

## ADDITIONAL NOTES

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