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For Birth Center

Baby [LAST NAME] [Sex] Birth Plan

[Your #1 Goal]
[Your top 1 or 2 requests]

[Your Name] DOB: //

Blood type: xxx

Height: x'x"

Medications: xxx

Allergies: xxx

Partner: [name] [phone number]
[Address]

Birth Center Info: [name] [address] [phone number]

Midwife: [name] [phone number]

[birth team #1]: [name] [phone number]

[birth team #2]: [name] [phone number]

Before Labor

Pack bags:

1. [List items]
2. [List items]
3. [List items]
4. [List items]
5. [List items]
6. [List items]
7. [List items]
8. [List items]
9. [List items]
10. [List items]
11. [List items]
12. [List items]
13. [List items]
14. [List items]

[YOUR NAME]'S BIRTH PLAN

Birthing Room Atmosphere

- Scents - [list preferences]
- Visuals - [list preferences]
- Music - [list preferences]
- Affirmation Candles

Early Labor

Activities in early labor

- a. **Resting & Shower** // [list preferences]
- b. **Eating** // [list preferences]
- c. Drinking // [list preferences]
- d. Timing contractions // [list preferences]
- e. [Any additional preferences]

When to call the Midwife?
[list preferences]

When to go to the birth center?
[list preferences]

Active Labor & Transition

- Positions // [list preferences]
- **Eating** // [list preferences]
- **Drinking** // [list preferences]
- Doppler // [list preferences]
- Cervical Checks // [list preferences]
- Comfort measures // [list preferences]
- [Any additional preferences]

Pushing

1. Positions // [list preferences]
2. Techniques // [list preferences]
3. [Any additional preferences]
4. [Any additional preferences]

Golden-Hour Immediately Postpartum
[List preferences]

Placenta

[List preferences]

Infant Care

[List preferences]

The Unexpected

[List the topics that matter most to you, yours might look very different]

Slow to start Labor

What to do?

[List preferences]

Induction/Augmentation

1. [List preferences]
2. [List preferences]
3. [List preferences]

Difficult labor

Helping Baby's Positioning

- [List preferences]

Comfort Measures

- [List preferences]

Slow to release placenta / Excessive bleeding after birth

1. [List preferences in order]
2. [List preferences in order]

Cesarean

[List preferences]

Any additional unexpected preferences

[List preferences]

For Hospital Birth

Baby *[LAST NAME] [Sex]* Birth Plan

Estimated Due Date: / /

[Your #1 Goal]

[Your top 1 or 2 requests]

[Your Name] DOB: //

Blood type: xxx

Height: x'x"

Medications: xxx

Allergies: xxx

Father: [name] [phone number]

[Address]

Midwife: [name] [phone number]

[birth team #1]: [name] [phone number]

[birth team #2]: [name] [phone number]

General Birth Preferences

- [List preferences in order of importance]
- [List preferences]
- [List preferences]
- [List preferences]

Second Stage Preferences

- [List preferences in order of importance]
- [List preferences]

- [List preferences]
- [List preferences]

Third Stage Preferences

- [List preferences in order of importance]
- [List preferences]
- [List preferences]
- [List preferences]

Immediate Postpartum Preferences

- [List preferences in order of importance]
- [List preferences]
- [List preferences]
- [List preferences]

Infant Care Preferences

- [List preferences in order of importance]
- [List preferences]
- [List preferences]
- [List preferences]