Birth Plan

We encourage you to write down your wishes and desires for the birth and to discuss these with your physician. (Use additional sheet, if necessary)

Your support People:

________________________________________________________

________________________________________________________

Your preferences about pain control:

________________________________________________________

________________________________________________________

Medical interventions during labour:

________________________________________________________

________________________________________________________

Second stage and delivery:

________________________________________________________

________________________________________________________

Most important issues:

________________________________________________________

________________________________________________________

Concerns or fears:

________________________________________________________

________________________________________________________

Infant feeding:

________________________________________________________

________________________________________________________

Newborn Procedures:

________________________________________________________

________________________________________________________

THE BIRTH PLAN HAS BEEN REVIEWED AND DISCUSSES WITH ME.

Patient’s signature: ______________________________________

Health-care provider’s signature: ____________________________