

One Fit Mamma

A HEALTHY LIFESTYLE BLOGGER

BIRTH PLAN TEMPLATE

Mother: _____

Father/Partner: _____

Baby's Name: _____

Other Supporters: _____

Hospital: _____

OB/Midwife: _____

Due Date: _____

Pediatrician: _____

Birth Environment:

- ☐ Please keep my room dim and with door closed as often as possible.
- ☐ Please help us avoid unnecessary noise and visitors.
- ☐ We do not want any students or residents present during labor and delivery
- ☐ We are fine with students or residents present during labor and delivery.
- ☐ I would like to play my own music.
- ☐ I would like to wear my own delivery gown.
- ☐ I will be wearing a gown the hospital provides
- ☐ I plan in having photos/videos taken during labor.
- ☐ I would like access to a bath or shower during labor.
- ☐ Other: _____
- ☐ Other: _____

Pain Management Preferences:

- ☐ I would like to utilize available pain management options.
- ☐ I would like a non-medicated natural birth
- ☐ I prefer not to be offered pain relief unless medically necessary. If I feel the need to use pain relief I will request it using my code word: _____

Newborn Procedures:

- ☐ I would like delayed cord clamping
- ☐ I would like an hour of skin to skin after birth.
- ☐ I would like no visitors for ____ many hours after birth.

Postpartum:

- ☐ I would like to breastfeed.
- ☐ I would like to formula feed.
- ☐ No bottles or pacifiers

Discuss your birth plan with your partner, other support people, and your doctor. Remember that your birth may not always go exactly as planned.

Be willing to adapt if it will harm you or the baby if you don't adapt.