



Birth Plan

PATIENT NAME _____

DOB _____ / _____ / _____

EDD _____

OBSTETRIC PROVIDER _____

1. Any special requests I have for labor and delivery?

2. Any particular comfort measures I would like to bring (e.g. nightgown, music, etc.)?

3. My thoughts on medication are:

4. My support person(s) for labor will be: _____

5. If I must have a Cesarean section, the support person I would like in the OR is: _____

6. My plan for the cord blood: _____

My plan for the placenta: _____

• Or discard (cb and/or placenta): _____

7. I will/will not accept a blood transfusion in a life or death emergency: _____

8. I intend to breast/bottle feed my baby: _____

9. My pediatrician is: _____

10. Any special request I have for baby care: _____

11. If I have a male child, I would like him circumcised: YES or NO

12. If I had a baby before:

A. Things that I would like to repeat: _____

B. Things I would not like to repeat: _____