

Birth Plan Worksheet



This worksheet will help you think about your preferences for your labor, birth and hospital stay. Discuss your preferences with your health care provider during pregnancy and with your nurses during labor.

Expectant mother's name: _____

Partner's name: _____

Names of other labor companions: _____

Your baby's name: (if chosen): _____

Your baby's doctor: _____

Is this your first baby? ☐ yes ☐ no

Tell us what you'd like your care team to know about your pregnancy, your family and yourself:

Labor and Birth

What would you like the atmosphere and environment in your labor room to be like?

(Calm, quiet, dark, bright, happy, lively, noisy?) _____

Whom do you want present at your birth?

(Your partner, your labor companion, family, friends, doula?) _____

How would you like the nurses to help you? Would you like them to stand back and let your partner help, offer suggestions, help out with comfort measures like backrubs, coach your breathing?

Is there anything the staff could do to make your labor and birth more memorable?

What are your biggest concerns and fears about childbirth? (Pain, medicines, shots, your baby's health, etc.?) _____

What can the staff do to most effectively reassure and comfort you? _____

What relaxation methods do you use? _____

What are your feelings now about pain medicine during labor and birth? _____

Would you like your nurses to suggest medicines to you or should they wait until you ask? _____

What else would you like us to know about how you picture your labor and birth? _____

Support people

Does your partner or labor companion have any special desires (cutting the umbilical cord)?
_____ or fears (worried about seeing you in pain)? _____

How would you like the staff to handle incoming phone calls? _____

During labor, do you want calls put through to you? ☐ yes ☐ no

Is there any time you'd like calls held? _____

Would either you or your partner like to assist in the birth? (Reach down and help lift your baby out, or cut the umbilical cord?) _____

If there is a medical concern or problem regarding you or your baby, what things are most important to you? _____

Your baby

How are you planning to feed your baby? ☐ breast milk ☐ formula

If nursing, would you like to have skin-to-skin contact with your baby after birth, nursing as soon as your baby is ready? ☐ yes ☐ no

If formula feeding, what type of formula do you prefer? _____

How can we help you with infant feeding? _____

Would either you or your partner like to be present for the newborn exam? _____

What kinds of questions about newborn care would you like answered while you're in the hospital?
(Infant feeding, bathing, immunizations, crying, sleep schedules, etc.) _____

If you have a son, do you want him to be circumcised? ☐ yes ☐ no

If you are nursing and choose to circumcise, would you like to delay the circumcision until your baby is breastfeeding well? ☐ yes ☐ no

Do you or your partner wish to be present at the circumcision? ☐ yes ☐ no