

BIRTH PLAN



“ BIRTH IS THE EPICENTER OF
WOMEN’S POWER. ”

- ANI DIFRANCO

BASIC INFO

FULL NAME:

SUPPORT PERSON’S NAME:

DOCTOR/MIDWIFE:

INSURANCE:

DUE DATE:

HEALTH INFO

FIRST PREGNANCY? Y N

GESTATIONAL DIABETES? Y N

RH INCOMPATABILITY? Y N

ALLERGIES? Y N

STREP B POSITIVE? Y N

HERPES? Y N

OTHER: _____

PLANNED BIRTH TYPE:

V-BAC

VAGINAL

C-SECTION

INDUCTION

HOME

WATER

DURING LABOR

PAIN MANAGEMENT

- ☐ GOAL IS UNMEDICATED BIRTH
- ☐ ONLY OFFER PAIN MEDS IF ASKED
- ☐ I MAY WANT AN EPIDURAL
- ☐ I MAY WANT IV PAIN MEDS
- ☐ I MAY WANT NITROUS OXIDE
- ☐ BREATHING EXERCISES
- ☐ MASSAGE
- ☐ WALKING/MOVEMENT
- ☐ POSITIVE AFFIRMATIONS
- ☐ HOT/COLD COMPRESS
- ☐ COUNTER PRESSURE
- ☐ SHOWER OR BATH
- ☐ _____

LABOR

- ☐ ACCESS TO BIRTHING
COMFORT OPTIONS
- ☐ ABILITY TO LABOR IN ANY
POSITION
- ☐ FOOD & DRINK
- ☐ FREEDOM TO MOVE ABOUT

ENVIRONMENT

- ☐ DIM LIGHTING
- ☐ CALMING MUSIC
- ☐ AROMATHERAPY
- ☐ NECESSARY PERSONNEL ONLY
- ☐ LIMITED CERVICAL CHECKS
- ☐ _____

AFTER BIRTH

- | | |
|---|--|
| <input type="checkbox"/> IMMEDIATE SKIN-TO-SKIN | <input type="checkbox"/> STAFF ANNOUNCE BABY'S SEX |
| <input type="checkbox"/> DELAYED CORD CLAMPING | <input type="checkbox"/> SUPPORT PERSON ANNOUNCE |
| <input type="checkbox"/> CORD TO BE CUT BY SUPPORT PERSON | BABY'S SEX |
| <input type="checkbox"/> CORD TO BE CUT BY STAFF | <input type="checkbox"/> FIND OUT BABY'S SEX MYSELF |
| <input type="checkbox"/> WIPE VERNIX FIRST | <input type="checkbox"/> SAVE PLACENTA |
| <input type="checkbox"/> LEAVE VERNIX ON BABY | <input type="checkbox"/> KEEP BABY WITHIN SIGHT OF MOM |
| | <input type="checkbox"/> ----- |

NEWBORN CARE

- | | |
|--|---|
| <input type="checkbox"/> VITAMIN K (ORAL) | <input type="checkbox"/> BREASTFEEDING |
| <input type="checkbox"/> VITAMIN K (INJECTION) | <input type="checkbox"/> BOTTLE FEEDING |
| <input type="checkbox"/> HEP B | <input type="checkbox"/> FORMULA |
| <input type="checkbox"/> EYE OINTMENT | <input type="checkbox"/> NO PACIFIER |
| <input type="checkbox"/> DELAY BABY'S FIRST BATH | <input type="checkbox"/> IF BABY IS MALE: CIRCUMCISE |
| <input type="checkbox"/> ----- | <input type="checkbox"/> IF BABY IS MALE: DO NOT CIRCUMCISE |

ADDITIONAL PREFERENCES/NOTES

- ANI DIFRANCO

BASIC INFO	
FULL NAME:	
SUPPORT PERSON'S NAME:	
DOCTOR/MIDWIFE:	
INSURANCE:	
DUE DATE:	

HEALTH INFO		
FIRST PREGNANCY?	Y	N
GESTATIONAL DIABESTES?	Y	N
RH INCOMPATABILITY?	Y	N
ALLERGIES?	Y	N
STREP B POSITIVE?	Y	N
HERPES?	Y	N
OTHER: _____		
PLANNED BIRTH TYPE:		
V-BAC	VAGINAL	C-SECTION
INDUCTION	HOME	WATER

AFTER BIRTH

NEWBORN CARE

ADDITIONAL PREFERENCES/NOTES

HOSPITAL BAG CHECKLIST



FOR MOM

- ☐ PURSE
- ☐ INSURANCE CARD & ID
- ☐ DEVICE CHARGERS
- ☐ SNACKS
- ☐ LIP BALM
- ☐ BODY LOTION
- ☐ GLASSES/CONTACTS
- ☐ DRY SHAMPOO
- ☐ NIPPLE CREAM
- ☐ TOOTHPASTE/TOOTH BRUSH
- ☐ MOUTHWASH/FLOSS
- ☐ DEODORANT
- ☐ HAIR TIES/HAIRBRUSH
- ☐ MAKEUP
- ☐ NURSING PADS
- ☐ SOCKS
- ☐ SLIPPERS WITH ANTI-SLIP GRIPS
- ☐ STRETCHY CLOTHES
- ☐ IPAD/BOOKS/ENTERTAINMENT
- ☐ GOING-HOME OUTFIT
- ☐ NURSING BRAA (SIZE UP!)
- ☐ DARK, FRONT-OPENING SHIRTS

FOR BABY

- ☐ PACIFIERS
- ☐ HAT AND MITTENS
- ☐ SWADDLING BLANKETS
- ☐ BABY NAIL FILE
- ☐ BURP CLOTH
- ☐ CAR SEAT
- ☐ NURSING PILLOW
- ☐ ONSIES
- ☐ SOCKS
- ☐ GOING HOME OUTFIT
- ☐ SLEEPSACKS

IMPORTANT

- ☐ HOSPITAL PAPERWORK
- ☐ PEDIATRICIAN INFO
- ☐ BIRTH PLAN

FOR SUPPORT PERSON

- ☐ SNACKS AND DRINKS
- ☐ ENTERTAINMENT
- ☐ DEVICE CHARGERS
- ☐ PILLOW & BLANKET
- ☐ TOILETRIES
- ☐ CHANGE OF CLOTHES
- ☐ REUSABLE WATER BOTTLE