Birth Plan

Name(s): _______________________________  Due Date: ________________

1. What do you want most from this birth?

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________________________________________________________________________
________________________________________________________________________

2. What do you fear the most about giving birth?

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. a. What is your ideal birth scenario? In other words, how would you like your birth to happen?

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. What will you do to help make your birth go the way you plan?

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. If things go differently than you planned during birth, how will you deal with the situation?

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__________________________________________________________________________

__________________________________________________________________________

5. Whom do you want with you during labor/birth? What do you expect from these people?

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__________________________________________________________________________

__________________________________________________________________________

6. a. What helps you relax?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

b. What makes you tense?

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__________________________________________________________________________

c. Do you have any fears or phobias?

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__________________________________________________________________________
7. Do you have any problems, cultural or religious beliefs that you think may impact giving birth or your postpartum period (the time after you've given birth)?

8. a. What do you and your partner imagine birth will be like? (What have you seen or been told? What do you believe?)

b. How do you feel about fetal monitoring?

c. How do you feel about an IV?

d. What are your feelings about giving birth to your baby?
9. a. What have other people in your life shared with you about the birthing process?

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________________________________________________________________________

________________________________________________________________________

b. What were your mother’s labor(s) and birth(s) like?

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________________________________________________________________________

10. What do you want from your caregiver?

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