



Birth Plan

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Name(s): _____

Due Date: _____

1. What do you want most from this birth?

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

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

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?

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

6. a. What helps you relax?

b. What makes you tense?

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?



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9 a. What have other people in your life shared with you about the birthing process?

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

10. What do you want from your caregiver?
