



Sample Birth Plan



Please note the content of this document is intended to give you an idea of questions/ideas/suggestions that could form part of your Birth Plan and is not intended to replace any documentation provided by your Healthcare Provider and/or delivering hospital.

Name of Expectant Person: _____

I identify by the pronoun: _____

My support person's name: _____

My support person identifies by the pronoun: _____

Name of my Healthcare Provider who cared for me during pregnancy: _____

Baby's Due Date:

... / ... / ...

I am pregnant with: One baby Multiples (twins)

Here are some things I would like you to know about me/us (Previous experiences, fears, concerns):

I / we have attended: Prenatal Classes Breast Feeding Classes
 Newborn Care Classes Emergency First Aid Classes

Pain management

- I would like a medication free birth
- I would like to see how things go and make a decision about pain relief dependent on my labour
- I would like to have pain medication as soon as it is available to me

Comfort measures I would like to try:

- Listening to music that I have brought with me
- Dim Lights
- Use a mirror to watch see the baby crowning
- I am open to trying different positions to cope with labour such as Hands & Knees / Exercise Ball / Walking
- Bath/shower
- Breathing & relaxation or meditation exercises that I have practiced

After my baby is born

- My support person would like to cut the umbilical cord (if possible)
- I will do skin to skin with baby but if I am unable then _____ will do skin to skin
- I would like to collect the baby's cord blood/ tissue and have brought the kit and completed the paperwork
- I would prefer to delay the baby's first bath and do it myself at home
- Name of the Doctor who will care for my baby: _____

Notes: _____

Newborn feeding plan

- I plan to exclusively breastfeed and will only give supplement if medically necessary
- I am planning on pumping my breast milk and feeding the baby with a bottle
- I am planning to feed the baby formula
- I had difficulty breast feeding my first baby and would appreciate extra help this time

Details: _____

Following Discharge From Hospital

- I am aware of community resources once discharged
- I am aware that I need a car seat for the baby