

# Birth Plan Worksheet: Your Approach to Birth

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Name: \_\_\_\_\_ Physician/Midwife: \_\_\_\_\_

1. Who will accompany you during your childbirth experience?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Who do you depend on for physical, emotional and spiritual support other than your partner? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. What are your hopes for your childbirth experience?

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4. As you think about your upcoming experience, what concerns do you have?

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5. Can you describe the type of environment you would like during your labor and delivery (music, lighting, number of visitors, etc)?

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6. Describe the activity levels you would prefer in labor? Such as walking, using the birthing ball, position changes, shower/Jacuzzi tub, hands and knees, squatting bar, etc.

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7. There are many comfort therapies for pain. Which of the following do you hope to use?

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|---|---|--|
| <input type="checkbox"/> Jacuzzi/shower           | <input type="checkbox"/> Heat/cold applications   | <input type="checkbox"/> Birthing ball |
| <input type="checkbox"/> Patterned breathing      | <input type="checkbox"/> Focus/distraction        | <input type="checkbox"/> Hypnobirthing |
| <input type="checkbox"/> Walking/position changes | <input type="checkbox"/> Visualization/relaxation | <input type="checkbox"/> Doula         |
| <input type="checkbox"/> Music                    | <input type="checkbox"/> Touch/massage            | <input type="checkbox"/> Other: _____  |

Comments: \_\_\_\_\_

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\_\_\_\_\_

8. How can we care for you in ways that are most helpful to you? How do you feel about being touched during labor, and how would you like touch used (effleurage, massage, support)?

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9. Do you wish to be offered medications and/or epidural anesthesia?

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10. Please indicate your preferences for your baby's care after birth. After your baby is born, we wish to support you in greeting your newborn and caring for both you and your baby. We support family-centered care by recommending the following:

- *Placing the newborn on your chest or abdomen after delivery for immediate bonding*
- *24-hour rooming-in providing plenty of learning and family time before you go home*
- *Nurses and lactation consultants are available for your support during feeding and baby care*

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11. Is there anything else you would like to share with your care providers about who you are and what you need? (i.e., family traditions, birth plan wishes, dietary needs, spiritual, cultural or religious customs, etc.)

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