



BIRTH PLAN TEMPLATE

GENERAL INFORMATION:

Birth Plan for: _____
Mother's first and last name: _____
Father's first and last name: _____
Due Date: _____
Coach's first and last name: _____
Other support people: _____
Name of obstetrician: _____
Desired hospital: _____

EARLY/FIRST STAGE LABOR

Environment

- Low lighting
- Quiet room
- Music
- Wear own clothing
- Coach/partner only desired attendees other than medical staff
- I would prefer to wear my contact lenses/glasses
- I want my labor and delivery photographed/video recorded
- I do not want my labor and delivery photographed/video recorded
- Other _____

Mobility

choose one:

- Unlimited freedom to move (walking, bathroom, rocking chair, fitness ball, etc.)
- Mobility is not important to me

Shaving/Enema

{most hospitals no longer shave the pubic area or use enemas, but just in case...}