



Birth Plan Template



Your Details

Name: _____ Contact Number: _____

Email Address: _____

Birth Partner's Name: _____ Contact Number: _____

Due Date: _____

Name of obstetrician / midwife: _____

Other birth-support (doula/other family): _____

Where do you want to give birth?

- Hospital: _____
- Birth Centre: _____
- At home
- Not sure yet

Labour & Birth

Environment

- Dim lights
- Aromatherapy oils
- OK to have training medical staff observe labour & birth
- Other: _____
- Quiet music
- Wear my own clothes

Mobility during labour

- I would like to keep active during labour if possible (walking, fitball, etc.)
- Mobility is not important to me

Relaxation and comfort during labour

- Massage
- Shower
- Bean bag
- Acupressure
- Other: _____
- Bath
- Fit ball
- Hot towels
- Hypnotherapy

Do you want to use any special facilities?

- Birthing pool
- Other: _____