

Birth Plan

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Name: _____

Partner's Name: _____

Due Date: _____

Partner's Contact: _____

Midwife: _____

Planned Delivery Location:

Doula: _____

Other Support People:

Doctor: _____

My delivery is planned as: Vaginal C-section VBAC
 Water Birth

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PLEASE NOTE:

I am GBS positive I have gestational diabetes Im delivering multiples _____

Allergies: _____ Other: _____

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Other Important Information:

Name: _____

Due Date: _____

Labor Induction/Augmentation

Fetal Monitoring

During Labor

Pain Relief

Name: _____

Due Date: _____

Delivery

A large, empty, light orange rounded rectangle with rounded corners, intended for taking notes during the delivery phase.

After Delivery

A large, empty, light pink rounded rectangle with rounded corners, intended for taking notes after the delivery phase.