

(Mother's Name) BIRTH PLAN

MOTHER-TO-BE'S INFORMATION

Full Name: (<i>Mother's Name</i>)	Spouse's Name:
Due Date:	OB/GYN's Name:
Support Person:	Hospital Name:

Special Comments:

My Fears:

Special Note:

MY LABOR WISHES

Support Persons:

Environment:

Labor Positions:

Fetal Monitoring:

(Mother's Name) BIRTH PLAN

Labor Induction:

Pain Reliefs:

Food & Drinks:

MY DELIVERY WISHES

Delivery:

Birth Support Tools:

Episiotomy:

Immediately after Delivery:

If C-Section is required:

MY POSTPARTUM WISHES

If Baby is Unwell:

Guests/Visitors

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END NOTE

THANK YOU!