



MY BIRTH PLAN

This birth plan has ideas to help you think about what makes you comfortable during labor, delivery, and after your baby is born. This birth plan does not include everything you may be thinking about. You can add to the plan and make it your own! We hope you discuss this plan with your provider. Please reach out to Bright Start if you have any questions about this birth plan.

My name: _____

My partner's name: _____

Today's date: _____

Due date: _____

My provider or midwife: _____

Location of birth: _____

My existing medical conditions: _____

My medications: _____

MY PREFERENCES FOR:

Music _____

Lighting _____

Photos/videos _____

Other _____

I PLAN FOR MY DELIVERY TO BE:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Vaginal | <input type="checkbox"/> Water birth |
| <input type="checkbox"/> Cesarean | <input type="checkbox"/> VBAC (vaginal birth after cesarean) |

I EXPECT TO HAVE AN EPIDURAL:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Other pain management techniques |
|------------------------------|-----------------------------|---|

PEOPLE WHO WILL BE IN THE ROOM WITH ME:

I would like my family members (names) _____

- to join me and my baby immediately after delivery.
- to join me and my baby in the room later.
- to only see my baby in the nursery.
- to have unlimited visiting after birth.

I WOULD LIKE TO FEED MY BABY:

- Only breast milk
- Only formula
- Combination of breast milk and formula
- On a schedule
- On demand
- With the help of a lactation specialist

I'D LIKE MY BABY TO STAY IN THE ROOM:

- All the time
- During the day
- Only when I'm awake
- Only for feeding
- Only when I request

I'D LIKE MY PARTNER:

- To have unlimited visiting
- To have limited visiting
- To sleep in the room

IF I HAVE A BOY, A CIRCUMCISION SHOULD:

- Be performed
- Not be performed
- Be performed later
- Be performed with anesthesia
- Be performed in the presence of me and/or my partner

I WOULD LIKE TO STAY IN THE HOSPITAL:

- As long as possible
- As briefly as possible
- I'll decide after the birth

NOTES:
