

Birth Plan

We encourage you to write down your wishes and desires for the birth and to discuss these with your health care provider. (Use additional sheets, if necessary.)

Your support people: _____

Your preferences about pain control: _____

Medical interventions during labour: _____

Second stage and delivery: _____

Most important issues: _____

Concerns or fears: _____

Infant feeding: _____

Newborn procedures: _____

The Birth Plan has been reviewed and discussed with me.

Patient's signature: _____ Health care provider's signature: _____