

your birth plan

Name _____ Partner's Name _____

Street Address _____ Town/City _____ Zip Code _____ Telephone (H) _____ (W) _____

Doctor/Midwife's Name _____ Due Date _____ Baby's Name (if chosen) _____

Your Labor Support People _____

Family Members _____

Do you want visitors during labor? Yes ___ No ___ Are you planning a Doula-assisted birth? _____

Important Requests _____

Relieving Pain _____

Concerns or Fears _____

Delivery _____

Special Deliveries _____

Cesarean Birth _____

Discharge _____

Infant Feeding

Breast ___

Do you have previous experience breastfeeding? Yes ___ No ___

Do you plan to return to work while breastfeeding? Yes ___ No ___

Bottle ___

Do you have previous experience with formula feeding? Yes ___ No ___

Is there a certain kind of formula you plan to use? Yes ___ No ___

Newborn Care

Have you had experience with newborns? Yes ___ No ___ If yes, please explain _____