

# WHAT MATTERS TO YOU?

## Create Your Birth Plan

You and your doctor know best. Print and fill out the birth experience plan below and work with your doctor to prepare for your upcoming delivery.

Together, you can craft the best birth experience for you and your baby.

**YOUR NAME:** \_\_\_\_\_

**PARTNER'S NAME:** \_\_\_\_\_

**BABY'S NAME (if known):** \_\_\_\_\_

**EXPECTED DUE DATE:** \_\_\_\_\_

### DELIVERY METHODS

- Vaginal
- C-section
- VBAC
- Water birth

Discussion notes:

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### PAIN MANAGEMENT

- Natural
- Epidural
- Nitrous Oxide
- IV methods
- Hot therapy
- Distraction

Discussion notes:

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### DELIVERY EXPERIENCE

- Music
- Lighting
- Reduced noise levels
- As few interruptions as possible
- Labor/birth in my own clothes
- Photos/filming options (by partner) and hospital policy
- Water therapy
- Movement during labor
- Skin-to-skin
- Umbilical cord cutting
- Cord blood options

Discussion notes:

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**YOUR NAME:** .....

### I PLAN TO FEED MY BABY

- Only with breastmilk
- Only with formula
- As needed

Discussion notes:  
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### CLASSES & SUPPORT

- Baby basics
- Childbirth prep
- Breastfeeding support
- Infant CPR
- New moms support group
- Lactation support group

Discussion notes:  
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### SUPPORT PERSON

- None
- Partner
- Family
- Friend
- Midwife/Doula

Discussion notes:  
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### FETAL MONITORING

- Continuous
- Intermittent
- Only when absolutely needed

Discussion notes:  
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**NOTES** (list any medical conditions/questions/concerns your doctor and/or the hospital should be aware of)

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