

BIRTH PLAN

1. Who will assist in the delivery process?

Obstetrician Midwife Family Other _____

2. What other healthcare providers will be utilized during the pregnancy?

(i.e. Chiropractor, massage therapist...) _____

3 Where will the delivery take place?

Hospital Birthing Center Home Other _____

4. List expectations of those assisting in delivery.

5. Which test do you want and not want performed?

X-ray Y N Exceptions _____

Ultrasound Y N Exceptions _____

Amniocentesis Y N Exceptions _____

Chorionic Villus Sampling Y N Exceptions _____

6. Which surgical procedures do you want or not want performed?

Inducing labor Y N Exceptions _____

Episiotomy Y N Exceptions _____

C-section Y N Exceptions _____

Epidural Y N Exceptions _____

Scraping Membranes Y N Exceptions _____

7. Do you want drugs to be administered during labor or delivery? Y N

8. If yes, which do you prefer and when do you want them administered?

9. Who do you want with you during the delivery?

10. (If applicable) Who will be caring for your other children during delivery?

11. Who is responsible for decision making during the labor and delivery process?

Husband Parent Friend Other _____

12. What are your wishes if complications occur during labor and delivery?

13. Who will help assist the family and household during labor, delivery, and after the child birth takes place? _____

14. How long does the mother plan to take off work? _____

How long does the father plan to take off work? _____

15. Will the child be breast-fed or formula fed?

Breast Formula Soy Formula

16. If the child is male, do you wish for him to be circumcised? Y N

With or without anesthesia? With Without

Names of people to call with birth information

NAME

PHONE NO.
