

Birth Plan

We encourage you to write down your wishes and desires for the birth and to discuss these with your physician. (Use additional sheet, 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 DISCUSSES WITH ME.

Patient's signature: _____

Health-care provider's signature: _____