

MY BIRTH PLAN

DETAILS:

Name:

.....

Birth partners name(s):

.....

Doulas name:

.....

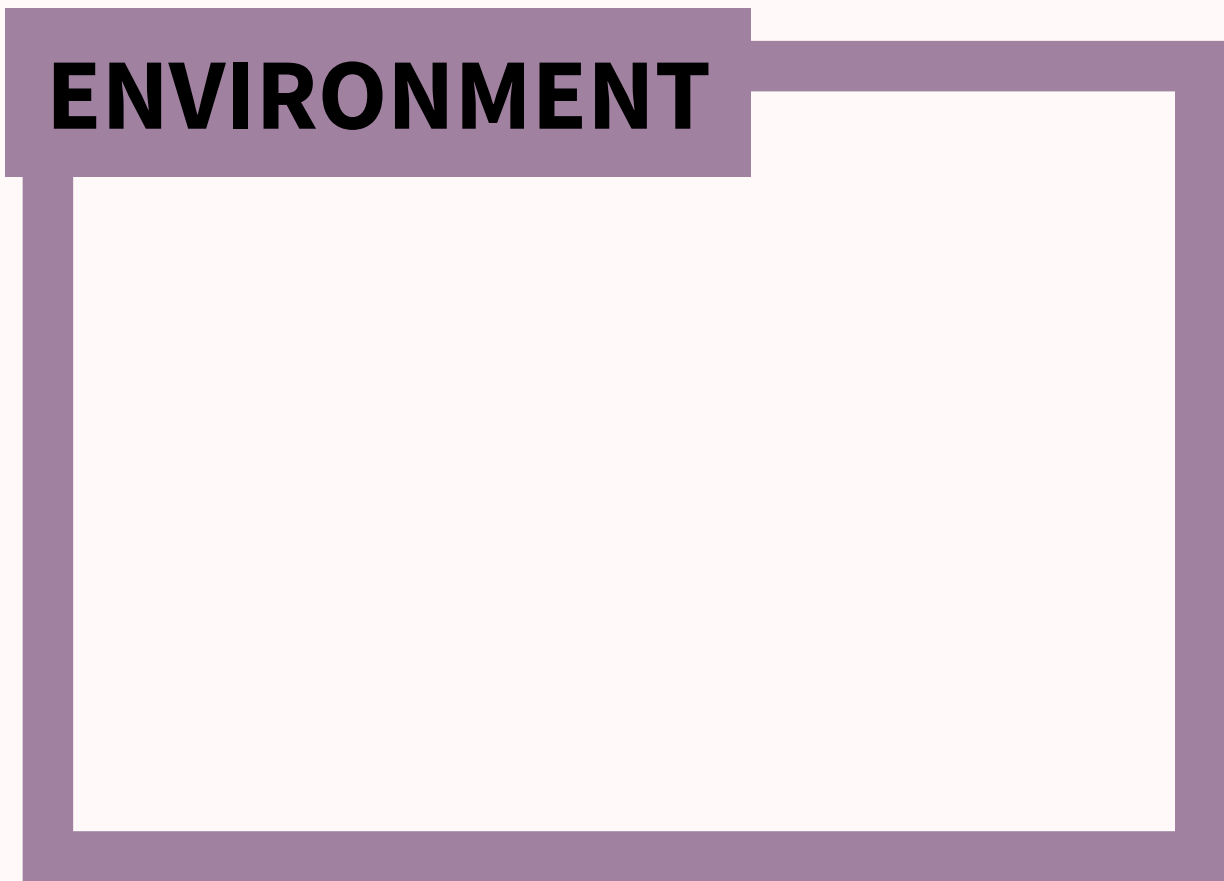
EDD:

.....

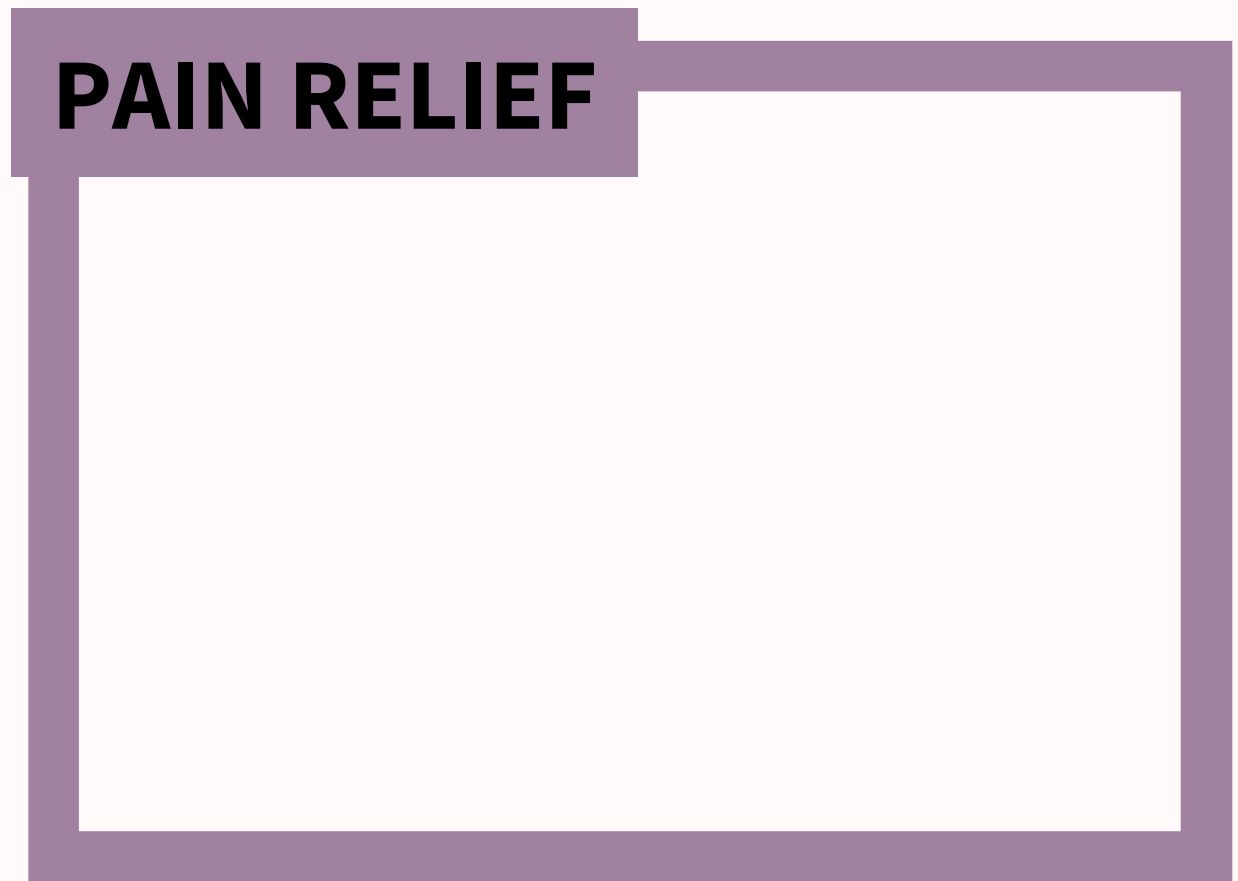
Other notes:

.....

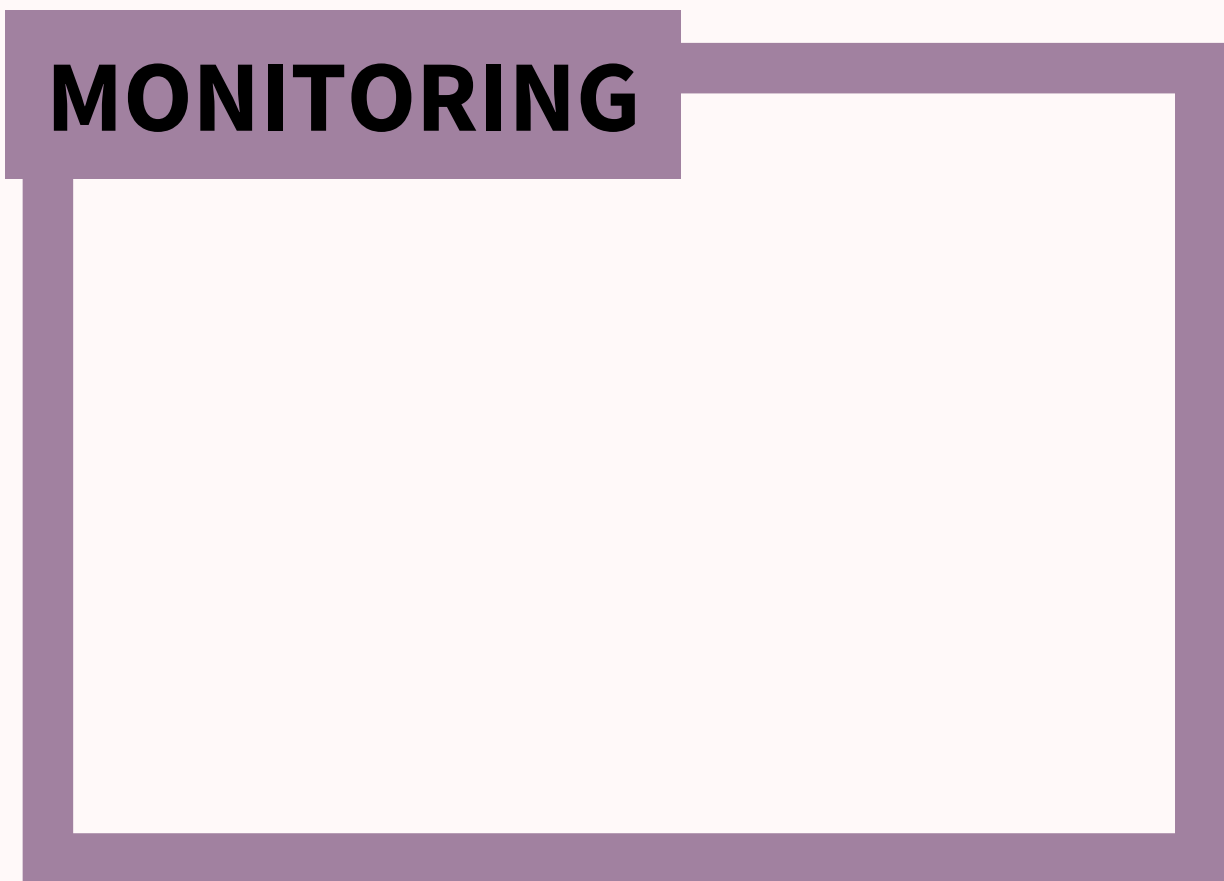
ENVIRONMENT



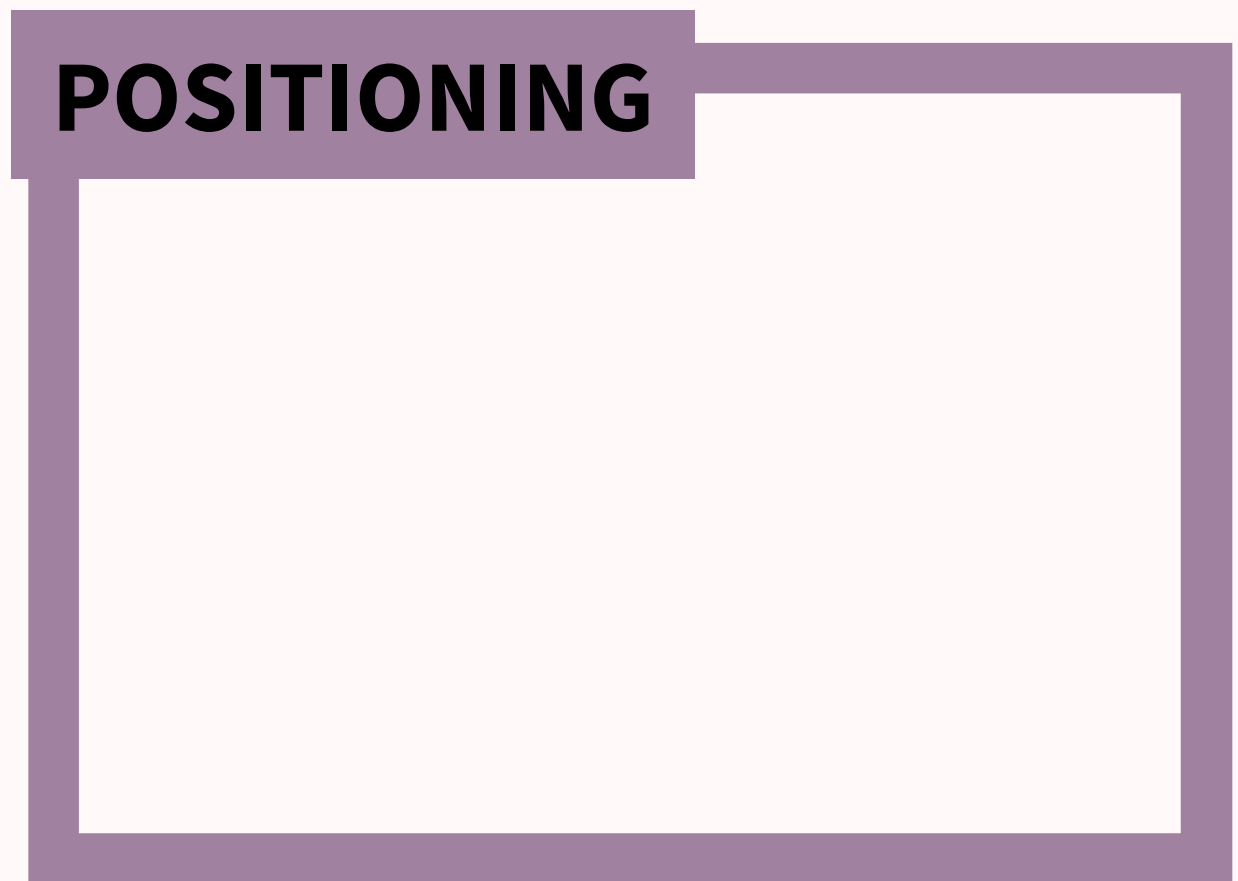
PAIN RELIEF



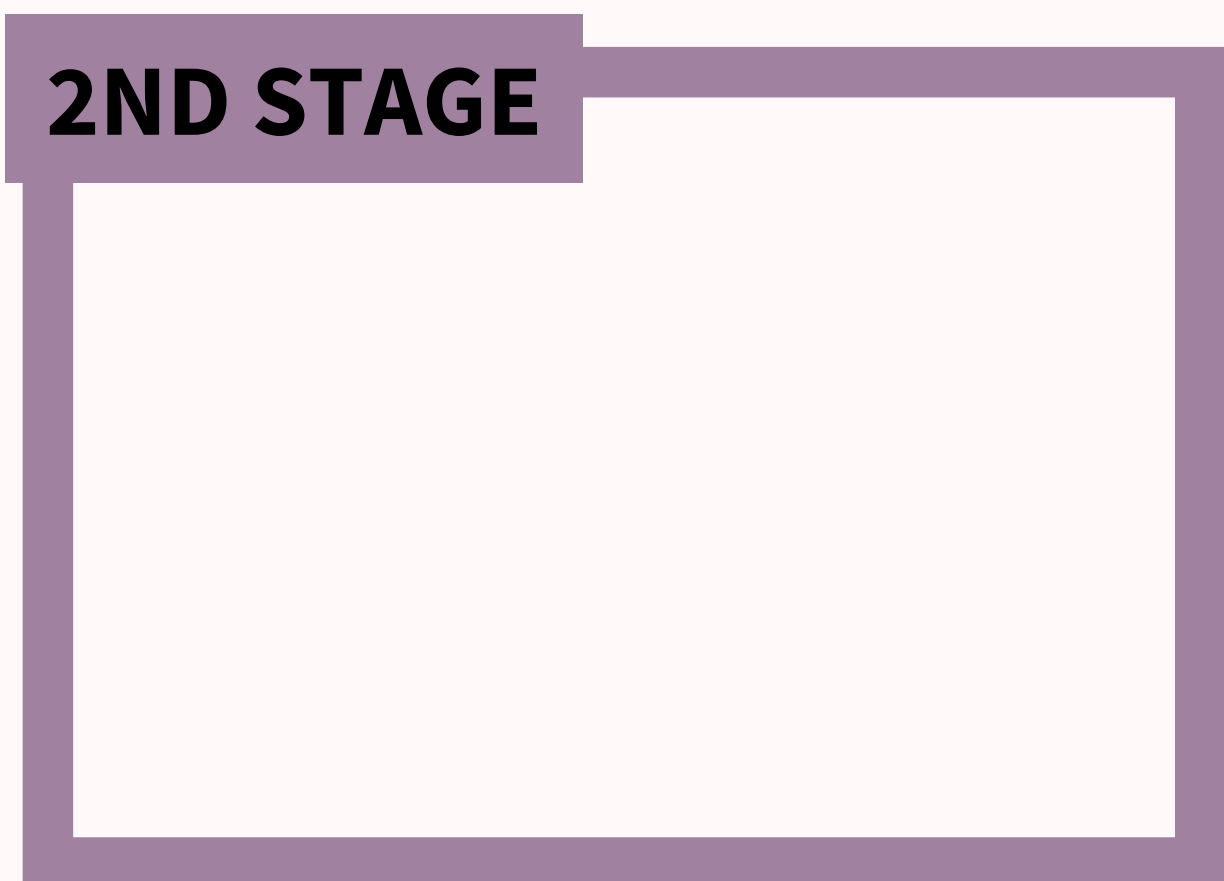
MONITORING



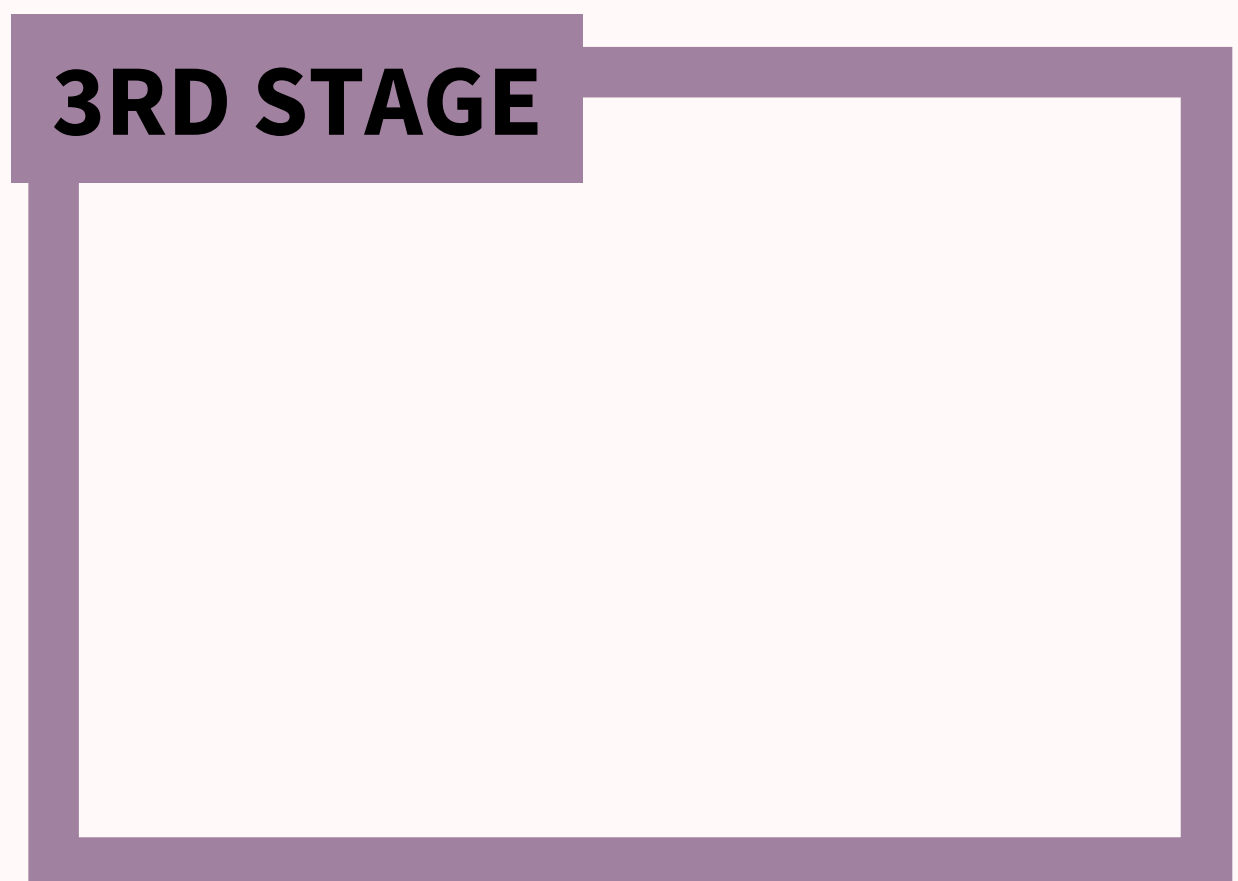
POSITIONING



2ND STAGE



3RD STAGE



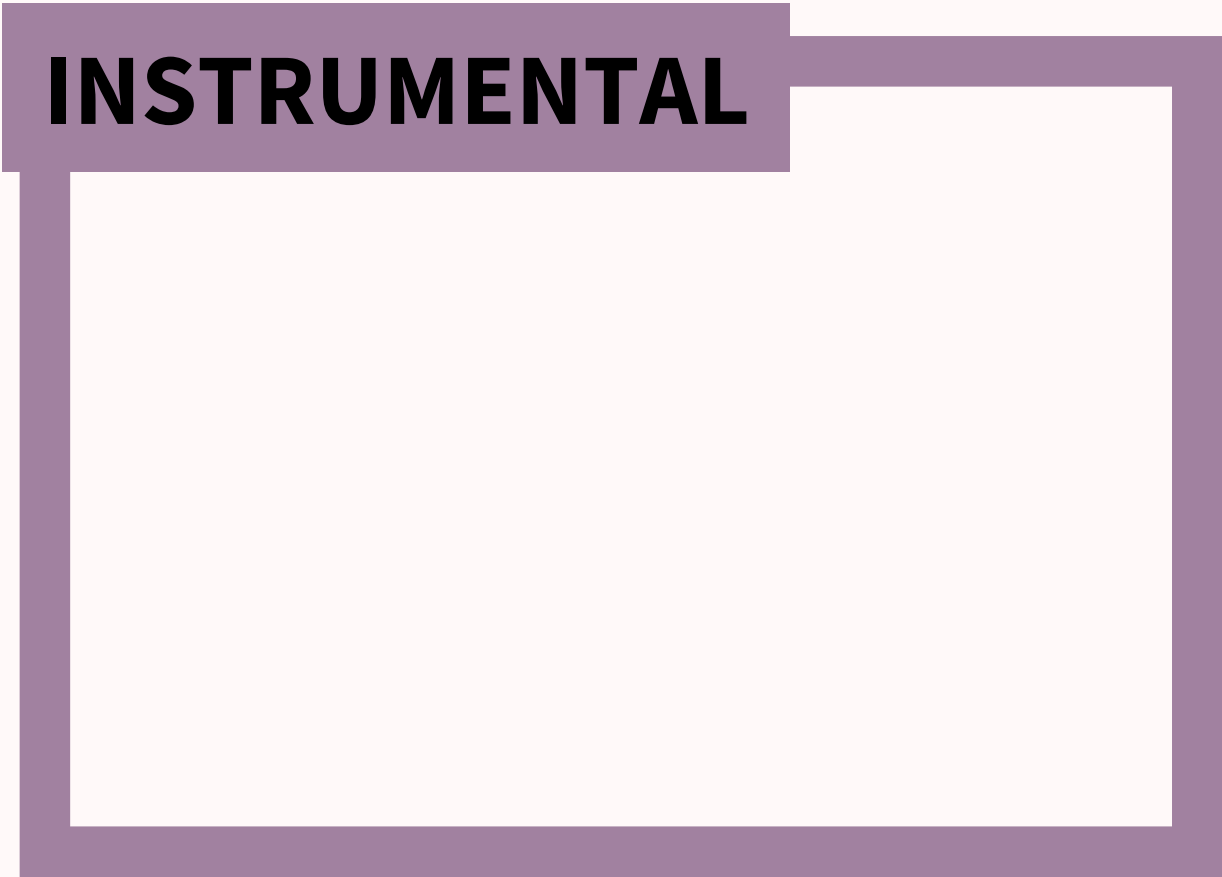
MY BIRTH PLAN

PREFERENCES

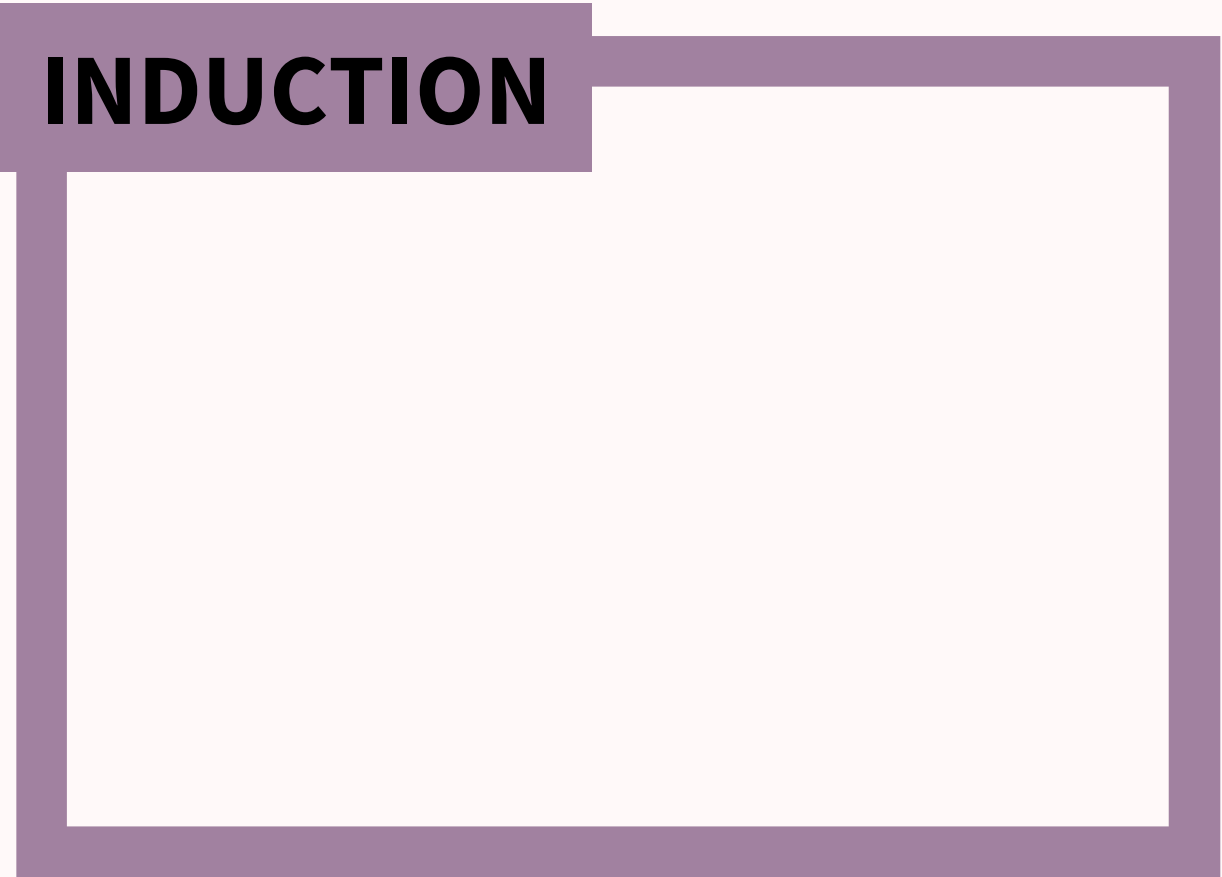
Vaginal exams: yes / no
.....
Cord clamping: immediate / delayed for mins / wait for white/lotus birth
.....
Placenta: keep / dispose
.....
Immediate skin to skin: yes / no
.....
Undisturbed golden hour: yes / no
.....
Feeding: breastfeeding / bottle feeding
.....
Vitamin K: injection / oral drops / none
.....

BACK UP PLANS

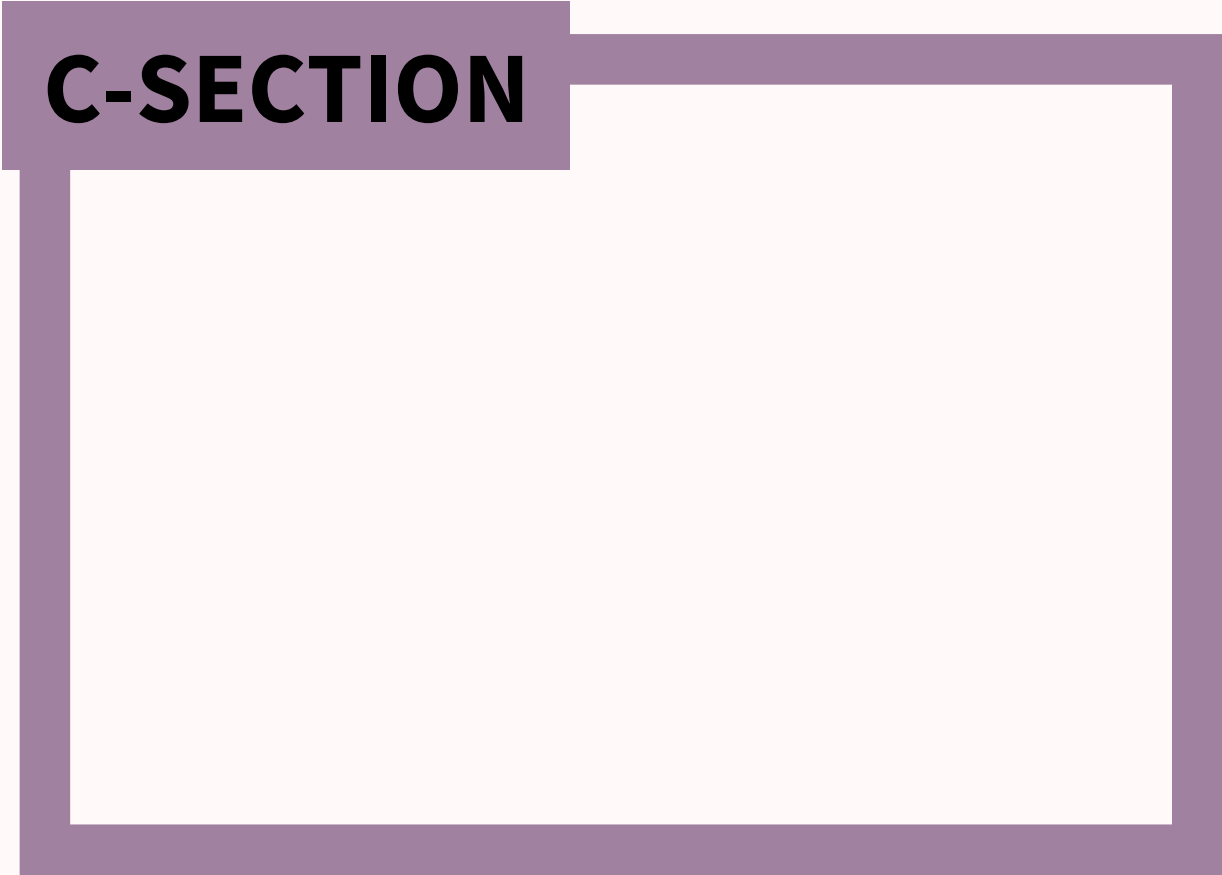
INSTRUMENTAL



INDUCTION



C-SECTION



TRANSFER

