

Birth Plan Worksheet

Name:

Care Provider:

Due Date:

Baby's Gender:

Baby's Name:

Support People I Want at My Birth:

My most important issue, after "Healthy Mom" and "Healthy Baby":

My Plan for Pain Control:

Things I want available to me in labor:

Concerns or Fears I want you to be aware of:

My thoughts and plans about medical interventions:

My plans for the time of delivery:

My special needs that you can help me with:

Newborn Care Plan

Parents Names:

Child's Name:

Pediatrician:

My Newborn Feeding Plan:

Breastfeeding Bottlefeeding Combination

If breastfeeding, do you want the baby to be given supplemental feedings?

Yes.

Maybe, ask me first.

No, please bring the baby to me for ALL feedings.

Newborn Procedures:

Circumcision: YES NO Need more info

Hep B Vaccination: YES NO Need more info

Bathing:

Other comments: