

Birth Plan Outline

Expecting Parent(s): [Your Name(s)]

Due Date: [Your Due Date]

1. Birth Preferences

- Location of Birth: [Hospital/Birthing Center/Home]
- Attending Provider: [Midwife/Doctor]
- Support Persons: [Partner/Family/Friends]

2. Labor Preferences

- Positions for Labor: [Standing/Walking/Using a Birth Ball]
- Pain Management Preferences: [Epidural/Medication/Natural Methods]

3. Delivery Preferences

- Preferred Delivery Position: [Squatting/On all fours/Lying down]
- Episiotomy: [Yes/No]

4. Postpartum Preferences

- Skin-to-Skin Contact: [Yes/No]
- Feeding Preferences: [Breastfeeding/Formul feeding]

5. Additional Notes

[Any other preferences or concerns you may have]