

OB/GYN BIRTH PLAN

Who do you want to be present during your labor and birth?

If sibling is present, who is designated to care for him/her?

Will someone be taking pictures or videotaping the labor and birth?

CHECK ANY OF THE FOLLOWING THINGS IMPORTANT FOR YOUR BIRTH:

- Wearing your own clothes**
- Listening to music**
- Using your own pillows**
- Bringing your own nourishment i.e. special popsicles or drinks**
- Using special aids i.e. massage tools, hot water bottles, aromatherapy**
- Remaining upright and active**
- Dim lighting**

CHECK WHAT YOU PLAN TO USE FOR PAIN RELIEF:

- Tub/shower**
 - Massage**
 - Breathing techniques**
 - Medication**
 - Intrathecal**
 - Epidural**
 - Other: Please Explain _____**
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Who will cut the umbilical cord?

Immediately following birth shall we hand the baby to you?

Do you want to birth in a particular position?

Will you be breast or bottle feeding?

If you have given birth before what worked well for you?

What fears or concerns you have that we should know about?

WHAT OTHER THINGS ARE IMPORTANT TO YOU?