

Birth Plan Template



Hackensack
Meridian Health

Information About You:

Name and pronouns:

Partner or support person's name & pronouns:

Due date:

Your doctor's name & contact info:

The Room and Atmosphere:

SOUNDS:

- Music, if so what:
- Quiet as possible

LIGHTING:

- Normal
- Lights Dimmed

PEOPLE TO BE PRESENT:

(check to see about facility's policy on number of people allowed in the room)

Labor:

- I would like to move around.
- I would like to stand.
- I would like to lie down.
- I would like to use a prop (i.e. ball, stool, chair).
- I would like to hydrate using clear liquids and ice chips.
- I would like an IV to ensure hydration.

Pain Management:

I WOULD LIKE TO DO THE FOLLOWING FOR PAIN RELIEF:

Delivery:

- Use a mirror.
- Push with or without counting.
- My partner or support person will cut the cord.
- I would like delayed cord clamping.
- I have made arrangements for my baby's cord blood to be stored.
- I would like for you to announce the gender

The Room and Atmosphere:

- I would like immediate skin-to-skin contact.
- I would like to hold the baby after being wiped clean & swaddled.
- I would like the baby, if a boy, to be circumcised.

