

# BIRTH PLAN

Your name \_\_\_\_\_

Your baby's due date \_\_\_\_\_

## My healthcare provider:

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Where do I plan to have my baby?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Who is my primary support person during labor and birth?

Name \_\_\_\_\_

Phone \_\_\_\_\_

This person is:

- ☐ My partner      ☐ My baby's father  
☐ My family      ☐ My friend  
☐ Clergy          ☐ Doula

## Who else do I want with me during labor and birth?

Name \_\_\_\_\_

Phone \_\_\_\_\_

This person is:

- ☐ My partner      ☐ My baby's father  
☐ My family      ☐ My friend  
☐ Clergy          ☐ Doula

## What kind of help do I want during labor?

- ☐ Help with breathing  
☐ Help working through contractions  
☐ Massage  
☐ Moving around  
☐ Other

## Do I want to be able to move around during labor?

- ☐ Yes      ☐ No

## My preferred delivery method is:

- ☐ Vaginal  
☐ C-section

## Do I want an epidural or other pain medication to help with labor pain?

- ☐ Yes      ☐ No

Describe \_\_\_\_\_

\_\_\_\_\_

## Who do I want to cut the umbilical cord?

\_\_\_\_\_

## Do I want to have my baby's umbilical cord blood saved?

- ☐ Yes      ☐ No

## Do I want my baby with me at all times after birth?

- ☐ Stay with me at all times  
☐ OK to stay in nursery

## Do I want to breastfeed my baby?

- ☐ Yes      ☐ No

## Do I want to allow baby time to creep from my belly to breast after birth?

- ☐ Yes      ☐ No

## If my baby is a boy, do I want to have him circumcised?

- ☐ Yes      ☐ No

## Are there special traditions I want to take place when my baby is born?

- ☐ Yes      ☐ No

Describe \_\_\_\_\_

\_\_\_\_\_

## If there are any problems with me or with the baby, do I want to be told first, or do I want my support person told first?

- ☐ Tell me first.  
☐ Tell my support person first.

## Are there other issues the hospital or birthing center staff should know about me or my baby's birth?

- ☐ Yes      ☐ No

Describe \_\_\_\_\_

\_\_\_\_\_

## My baby's healthcare provider:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Ask your healthcare provider for the Healthy Start Screen. Healthcare providers are required by Florida law to offer the Healthy Start screen to all pregnant women on their first prenatal visit and to newborns at the hospital or birth center.

Having your baby in Alachua County? Be sure to register for the NewboRN Home Visiting program. Within a week after baby is born, a registered nurse will visit you at home to see how you are doing, share information and connect you to services and resources. Register at: [NewbornHomeVisiting.org](http://NewbornHomeVisiting.org)

