A birth plan is a set of instructions you make about your baby’s birth. Fill out this plan with your partner. Then share it with your provider, your family and other support people. It’s best for everyone to know ahead of time how you want labor and birth to be. For more information, go to [marchofdimes.org/birthplan](http://marchofdimes.org/birthplan).

**TAKE ACTION**

**Make a birth plan.**

1. Where do you plan to have your baby?
   - __________________________
   - __________________________
   - __________________________
   - __________________________

2. Who is your primary support person during labor and birth?
   - Name __________________________
   - Phone __________________________
   - This person is:
     - Your partner
     - Your baby’s father
     - A family member
     - Your friend
     - Clergy
     - Your doula

3. Who else do you want with you during labor and birth?
   - Name __________________________
   - Phone __________________________
   - This person is:
     - Your partner
     - Your baby’s father
     - A family member
     - Your friend
     - Clergy
     - Your doula

4. Name __________________________
   - Phone __________________________
   - This person is:
     - Your partner
     - Your baby’s father
     - A family member
     - Your friend
     - Clergy
     - Your doula

5. What kind of support do you want during labor?
   - Help with breathing
   - Help working through contractions
   - Massage
   - Help to move around
   - Other __________________________
6 Do you want to move around during labor?
☐ Yes ☐ No

What position(s) do you want to be in during labor?
☐ Lying down
☐ Sitting
☐ Standing
☐ Other ________________________________

7 What kind of medicine, if any, do you want to help with labor pain?
_____________________________________________

8 Do you want to hold your baby skin-to-skin during the first hour after birth?
☐ Yes ☐ No

9 Do you want delayed cord clamping?
☐ Yes ☐ No

10 Who do you want to cut the umbilical cord?
_____________________________________________

11 Do you plan to bank/donate your baby’s umbilical cord blood?
☐ Yes ☐ No

12 Do you want your baby with you at all times after birth? Or is it OK for your baby to spend time in the nursery?
☐ Stay with you at all times
☐ OK to stay in the nursery

13 Do you plan to breastfeed your baby?
☐ Yes ☐ No

14 Do you want to meet the lactation consultant while in the hospital?
☐ Yes ☐ No

15 Do you want to be told before your baby is offered a pacifier or formula?
☐ Yes ☐ No

16 If your baby is a boy, do you want him circumcised?
☐ Yes ☐ No

17 Are there special traditions you want to take place when your baby is born?
☐ Yes ☐ No
Describe ______________________________________
_____________________________________________
_____________________________________________

18 If there are any medical problems with you or your baby, do you want to be told first, or do you want your support person told first?
☐ Tell you first.
☐ Tell your support person first.

19 Is there anything else the hospital or birthing center staff should know about you or your baby’s birth?
☐ Yes ☐ No
Describe ______________________________________
_____________________________________________
_____________________________________________