# **UW** Medicine

# **My Birth Plan** For mother and baby

Your birth plan is a document that you write for yourself and your healthcare team.

This is my \_\_\_\_\_(1st, 2nd, 3rd, etc.) baby.

My due date is: \_\_\_\_\_

#### **My Support Team**

My prenatal healthcare provider is:

My support people will be:



### Labor

My preferences for labor are:

My choices for pain control are:



It is important to choose your baby's healthcare provider before your baby is born.

**Questions?** 

Your questions are important. If you have questions about your birth plan, call your healthcare provider during office hours.

If you are in labor, follow your provider's instructions about calling your provider or your Labor & Delivery unit. If I have a Cesarean birth (C-section), I want this person with me:

If any unexpected events occur, I want my healthcare team to know:

#### **After Delivery**

- □ My partner would like to cut the umbilical cord.
- □ We would like to donate the cord blood.

My baby's healthcare provider will be:

The type of family planning I will use is:

## Breastfeeding

I have these questions or concerns about feeding my baby:

I want to talk with a lactation consultar Newborn Care	lt.	
I will bring a car seat to the hospital:	□ Yes	🛛 No
If I have a son, I would like information about circumcision:	<b>Yes</b>	🛛 No
Other Preferences and Wishes		

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