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Birth Plan Worksheet

Use this worksheet to start exploring options and open up dialogue between you and your provider(s).

My Goal(s) is/are to:

- | | |
|-------------------------------|--|
| birth without pain medication | birth with the help of an epidural |
| have a vaginal birth | birth a healthy baby however it ends up happening |
| birth via cesarean section | feel supported and in control of my birth experience |
| birth at home | birth at the birth center |
| birth at the hospital | have a scheduled induction |

My birth team will include:

partner/spouse: _____ doula: _____

friend/family member: _____ other: _____

During labor, I would like to:

- | | | | |
|------------------------|--------------------------------|---------------------|--------------------------|
| use the shower/tub | walk around | use essential oils | not be touched |
| change positions often | eat light snacks | use the birth ball | be reminded of my goals |
| play music | have quiet | be massaged | hear verbal affirmations |
| have a hep-lock only | labor at my own pace | be off the monitors | discuss interventions |
| have minimal visitors | use heat/cold/counter pressure | | |

During labor, I do not want:

- | | | | |
|------------------------|-------------|----------------|---------------|
| frequent vaginal exams | an epidural | iv pain meds | an episiotomy |
| my water broken | pitocin | to stay in bed | |

During pushing/the birth, I would like to:

- | | | | |
|----------------------|-------------------------|-------------------------------|--------------------------|
| be offered a mirror | catch my baby | push when I feel the urge | take photos |
| be told when to push | use the birth stool | try the squat bar | use warm compresses |
| use perineal massage | try different positions | let spouse/partner catch baby | announce the sex of baby |

For the immediate postpartum, I would like:

- | | | | |
|-------------------------------|------------------|------------------------|---------------------------------|
| my baby wiped off immediately | to breastfeed | immediate skin to skin | keep visitors to a minimum |
| delayed cord clamping | to avoid pitocin | use no pacifier | keep baby with me at all times |
| use no formula | delayed bath | my baby not wiped off | utilize the nursery when needed |

In the event of a cesarean section, I'd like:

- | | | |
|-------------------------------|---------------|---------------------------------|
| immediate skin to skin | to be awake | for my _____ to be with me |
| to take pictures of the birth | a clear drape | the drape dropped for the birth |

Need some professional one-on-one guidance? The Fayetteville Doulas offers an affordable Birth Planning package!
Contact us to learn more: hello@fayettevilledoulas.com