



WE DELIVER...NATURALLY

NYBirthingCenter.com

6700 3rd Avenue, Brooklyn, NY 11220

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.

**Your name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Baby's due date:** \_\_\_\_\_

**My Ob providers contact information:**

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

This person is:

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

This person is:

- My partner    My baby's father  
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**What kind of support 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

**What position(s) do I want to be in for my labor?**

- Lying down
- Sitting
- Standing
- Moving around
- Other

**What kind of labor pain relief do you want?**

\_\_\_\_\_

**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

**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:**

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

**Questions?:**

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



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I understand that any and all items in my birth plan can be modified or superseded any time during the birth process should myself or baby fall outside the safety parameters of the birthing center. I also understand that should it be decided by my providers, I can be transferred to a hospital immediately to protect myself and baby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_