

BIRTH PLAN FOR

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ESTIMATED DUE DATE:

BIRTH PARTNER:

HOSPITAL/BIRTH CENTER/HOME BIRTH:

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HOSPITAL NUMBER:

NHS:

BLOOD GROUP:

LABOUR PREFERENCES

WHAT YOU NEED TO KNOW
ABOUT ME

BIRTH COMPANIONS

PARTNER:

Partner's Phone Number:

Other Companion:

Phone Number:

ENVIRONMENT DURING

SPACE

BIRTH PLAN FOR

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COMFORT MEASURES DURING LABOUR

BIRTH POOL AND WATER BIRTH

INDUCTION & SPEEDING UP LABOUR

ASSISTED DELIVERY

CESAREAN SECTION

MOVEMENT DURING LABOUR

PAIN RELIEF

VAGINAL EXAMINATIONS

FOETAL MONITORING

FINAL STAGES

DELIVERY POSITION

BIRTH PLAN FOR

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PLACENTA

CONTACT WITH BABY

CORD CLAMPING

VITAMIN K

EXTRA CARE

[illegible]