

Birth Plan – Maternal & Child Health Unit

Patient Name: _____

Date of Birth: _____

Health Card Number (HCN): _____

Support Person(s): _____

Care Provider (OB/Midwife/NP): _____

Due Date: _____

During Labour

- I would like to move around and change positions during labour
- I prefer a calm, quiet environment
- I would like dim lighting if possible
- I would like music playing
- I would like my support person present at all times

Other requests:

Pain Management

- I prefer non-medicated coping techniques first
- I am open to IV pain medication
- I would like an epidural
- I would like to discuss pain relief options with my care team

Other preferences:

Birth Preferences

- I would like to choose my pushing position if possible
- I would like a mirror to see the birth
- My support person would like to cut the cord
- Delayed cord clamping if possible
- Immediate skin-to-skin after birth

Other preferences:

 **Feeding Plan**

- Breastfeeding
- Bottle feeding
- Combination feeding
- I would like support from staff to help decide

 **Baby Care Preferences**

- Vitamin K for baby
- Eye ointment for baby
- Partner/support person to participate in first diaper and care

 **Additional Notes**

Birth plans are flexible; staff will adapt to the best medical practices during labour and delivery.