

Birth Plan Checklist

A simple worksheet to help you organize your birth preferences. Remember: your birth plan is a flexible guide, not a contract.

Personal Information

Name: _____

Due Date: _____

Healthcare Provider: _____

Hospital/Birth Center: _____

Birth Partner: _____

Doula: _____

Labor Preferences

- Walk and move during labor _____
- Use a birthing ball _____
- Shower or tub _____
- Intermittent monitoring (if appropriate) _____
- Eat/drink if permitted _____

Pain Management

- Unmedicated _____
- Nitrous oxide _____
- IV medication _____
- Epidural _____
- Open to options _____

Birth Environment

- Dim lights _____
- Music _____
- Limited visitors _____
- Photography _____

Delivery

