

# BIRTH PLAN

NAME:

|   |                       |
|---|-----------------------|
| BIRTH PARTNER(S):<br><br>ESTIMATED DUE DATE:<br>PLACE OF BIRTH: | IMPORTANT INFORMATION |
| ENVIRONMENT   |                       |
| MONITORING & EXAMINATIONS                                       |                       |
| COMFORT MEASURES  |                       |
| SECOND STAGE – BIRTHING   |                       |
| THIRD STAGE – PLACENTA  |                       |

# BIRTH PLAN

NAME:

ASSISTED BIRTH

INDUCTION

CAESAREAN BIRTH

POST-NATAL CARE / INFORMATION

ADDITIONAL INFORMATION

