Mama Natural Birth Plan

MAMA NATURAL BIRTH PLAN

Name: _____ Date of birth: _____ dd / mm / yyyy

Due date: _____ dd / mm / yyyy Practitioner: _____

Birth location: _____ Support person: _____

This template can be customized to suit individual preferences and needs, ensuring a birth experience that aligns with the mother's values and desires.

LABOR PREFERENCES

My support person is: _____

DESIRED ATMOSPHERE

Check all that apply

- [ ] Quiet
- [ ] Dim lighting
- [ ] Music
- [ ] Scented candles

Other

PAIN MANAGEMENT STRATEGIES

Check all that apply

- [ ] Breathing exercises
- [ ] Meditation
- [ ] Massage
- [ ] Water tub
- [ ] Epidural

Other

MOBILITY

Check all that apply

- [ ] Freedom to walk
- [ ] Change positions

Other

FOOD AND DRINK

Preferences during labor

MONITORING

Check all that apply

- [ ] Continuous electronic fetal monitoring
- [ ] Intermittent monitoring
- [ ] Only if necessary

Other

BIRTHING POSITION

Select one

- ◯ Upright
- ◯ Squatting
- ◯ Water birth
- ◯ On back

Other

PUSHING TECHNIQUE

Select one

- ◯ Spontaneous
- ◯ Directed

Other

PERINEAL SUPPORT

Check all that apply

- [ ] Massage
- [ ] Warm compress

Other

CORD CLAMPING

Select one

◯ Immediate ◯ Delayed

DELIVERY OF PLACENTA

Select one

◯ Natural ◯ Medicinal assistance

POSTPARTUM PREFERENCES

Immediate skin-to-skin contact

◯ Yes ◯ No

BREAST-FEEDING

Check all that apply

☐ Begin immediately

☐ Specific plans

Other

NEWBORN PROCEDURES

Check all that apply

☐ Vitamin K

☐ Eye ointment

Others

RECOVERY FOOD/DRINK PREFERENCES

Specify below

ADDITIONAL NOTES/PREFERENCES

Specify below