VBAC Birth Plan

PERSONAL INFORMATION

Name: _____ Due Date: _____ dd / mm / yyyy

Healthcare Provider: _____ Emergency Contact: _____

PREVIOUS BIRTH EXPERIENCE

Briefly describe previous cesarean experience and any other relevant birth history

LABOR PREFERENCES

Desired labor environment (e.g., dim lighting, quiet, specific music)

People present during labor (e.g., partner, family members, doula)

Monitoring preferences (e.g., intermittent, continuous)

Mobility and positioning preferences during labor

Hydration and nourishment preferences

PAIN MANAGEMENT

Preferred pain relief methods (e.g., breathing techniques, epidural, massage)

Specific interventions to avoid if possible

DELIVERY PREFERENCES

Preferred positions for delivery

Techniques to assist with pushing

Preferences regarding episiotomy or tearing

Use of forceps or vacuum extraction

IF CESAREAN IS NECESSARY

Preferences for cesarean (e.g., partner present, immediate skin-to-skin if possible)

Specific concerns or requests regarding cesarean procedure

AFTER BIRTH

Infant care preferences (e.g., skin-to-skin contact, breastfeeding initiation)

Newborn medical interventions (e.g., vitamin K shot, eye ointment)

Postpartum care preferences

ADDITIONAL NOTES/REQUESTS

Any additional preferences, concerns, or specific requests