

1. **INTRODUCTION**

Coming up with a comprehensive and organized birth plan can truly help pregnant women prepare for the unexpected. Notwithstanding the fact the issues concerning pregnancy and labor are complex, creating a birth plan that suits a mother’s conditions and needs can help simplify the said complications. The purpose of this birth plan are as follows:

1. To provide and outline a comprehensive plan that the patient and the physician will base their decisions and plan of actions on
2. To provide concrete expectations
3. To provide a framework and system that the physician can follow in case of emergencies or unexpected situations
4. To make sound preparations
5. [SPECIFY OTHER PURPOSE OF THE BIRTH PLAN]
6. **MOTHER’S INFORMATION**

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| **Mother’s Complete Name** | [SPECIFY MOTHER’S NAME]  | **Civil Status**  | [SPECIFY CIVIL STATUS]  |
| **Address** | [SPECIFY ADDRESS]  | **Spouse’s Name (if applicable)**  | [SPECIFY SPOUSE NAME]  |
| **Birthdate** | [SPECIFY BIRTHDATE]  | **Age** | [SPECIFY AGE]  |
| **Physician’s Name** | [SPECIFY PHYSICIAN’S NAME]  | **Birthing Coach’s Name:**  | [SPECIFY BIRTHING COACH’S NAME]  |
| **EXPECTED DUE DATE:** | [SPECIFY EXPECTED DUE DATE]  |

1. **PRE-LABOR PREPARATION**

Pre-labor preparations pertain to the things, documents, and processes that the mother has to plan, decide, and undergo to ensure that the delivery of her baby would be easy, convenient, and in accordance to her preferences.

The relevant points to remember about the health condition of the mother are as follows:

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| **MEDICAL CONDITION** |
| **Blood Type of the Mother:**  | **[SPECIFY MOTHER’S BLOOD TYPE]**  | **NOTES** |
| **Diabetes** | ☐ YES☐ NO | [SPECIFY NOTES]  |
| **Hypertension**  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| **Heart Problem [SPECIFY DETAILS]**  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| **OTHER CONDITIONS:** | ☐ YES☐ NO | [SPECIFY NOTES]  |

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| **PRE-LABOR PREPARATION** |
| **PROCESS/PROCEDURE** | **PREFERENCES** | **NOTES**  |
| Hospital Paperwork and Documentation | These aspects will be managed by the patient’s spouse and mother.  | Documentation includes insurance, medical, and consent forms, and many more.  |
| Method of Delivery  | ☐ Natural delivery ☐ C-section  | If the patient prefers C-section, provide further details. If the patient prefers the natural birth method, specify the details..  |
| Ambiance in the Delivery Room | [SPECIFY THE PREFERENCES OF THE PATIENT] | [SPECIFY NOTES]  |
| Selected companions inside the delivery room | [SPECIFY NUMBER][SPECIFY THE SELECTED RELATIVES]  | [SPECIFY NOTES]  |
| Labor Discomfort Techniques | In labor discomfort, the patient prefers that the physician applies the following techniques: [SPECIFY PREFERRED TECHNIQUES]  | [SPECIFY NOTES]  |
| Processes that can help the patient with her contractions  | [SPECIFY PREFERENCES] | [SPECIFY NOTES]  |

1. **POST DELIVERY PREPARATIONS & PREFERENCES**

This section provides and outlines the post-delivery preparations and preferences of the patient.

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| **POST-DELIVERY PREPARATION**  |
| **PROCESS/PROCEDURE** | **PREFERENCES** | **NOTES**  |
| Preferred uses of the baby’s placenta  | [SPECIFY PREFERENCES]  | [SPECIFY NOTES]  |
| Selected Method of feeding the baby  |  |  |
| Selected Procedures for severing the umbilical cord  |  |  |
| OTHER RELEVANT PROCESSES AND PROCEDURES  |  |  |

1. **CHECKLIST**

To ensure that the patient is prepared at all times, the spouse or other concerned relatives of the patient must ensure that the following materials and things are already packed and organized.

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| **MATERIALS/THINGS** | **CHECKLIST** | **NOTES**  |
| Patient’s clothes  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Patient’s personal hygiene materials  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Baby clothes and outfits | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Cellphone and all relevant contact numbers | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Relevant gadgets such as laptops | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Pillow and blanket  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Nursing bras and maternity underwear | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Identification cards | ☐ YES☐ NO | [SPECIFY NOTES]  |
| Insurance Card  | ☐ YES☐ NO | [SPECIFY NOTES]  |
| [SPECIFY OTHER RELEVANT THINGS AND MATERIALS]  | ☐ YES☐ NO | [SPECIFY NOTES]  |

1. **ADDITIONAL DETAILS**

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