



Petal & Paper

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Birth plan template



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M Y B I R T H P R E F E R E N C E S

birth plan

Personal details

Name: _____ Due date: _____

Partner / birth partner: _____

Midwife / consultant: _____

Hospital / birth centre: _____

Blood type: _____ GBS status: _____

Labour preferences

Pain relief: gas and air ☐ epidural ☐ pool ☐

other: _____

Environment: dim lights ☐ music ☐ minimal monitoring ☐

Movement: active labour ☐ remain mobile ☐
birthing ball ☐

Birth partner present: yes ☐ Photography: yes ☐
no ☐

Delivery preferences

Positions: upright ☐ hands and knees ☐ pool ☐
other: _____

Cutting cord: partner ☐ delayed clamping ☐
natural ☐

Delivery of placenta: physiological ☐ managed ☐

Episiotomy: only if necessary ☐ tear preferred ☐

After the birth

Skin-to-skin immediately: yes ☐ as soon as possible ☐

Feeding: breastfeeding ☐ formula ☐ both ☐

Vitamin K: oral ☐ injection ☐ to discuss ☐

Special considerations: _____