

# Mama Natural Birth Plan

## MAMA NATURAL BIRTH PLAN

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ dd / mm / yyyy

Due date: \_\_\_\_\_ dd / mm / yyyy Practitioner: \_\_\_\_\_

Birth location: \_\_\_\_\_ Support person: \_\_\_\_\_

## 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

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Preferences during labor

## MONITORING

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Check all that apply

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

Other

## BIRTHING POSITION

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Select one

- Upright
- Squatting
- Water birth
- On back

Other

## PUSHING TECHNIQUE

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Select one

- Spontaneous
- Directed

Other

## PERINEAL SUPPORT

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Check all that apply

- Massage
- Warm compress

Other

## CORD CLAMPING

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Select one

- Immediate
- Delayed

## DELIVERY OF PLACENTA

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Select one

- Natural
- Medicinal assistance

## POSTPARTUM PREFERENCES

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Immediate skin-to-skin contact

Yes  No

## BREAST-FEEDING

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Check all that apply

- Begin immediately
- Specific plans

Other

## NEWBORN PROCEDURES

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Check all that apply

- Vitamin K
- Eye ointment

Others

## RECOVERY FOOD/DRINK PREFERENCES

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Specify below

## ADDITIONAL NOTES/PREFERENCES

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Specify below