Bumps to Bigs 

📝 Birth Plan Template

Because labor is unpredictable—but your voice matters

🤱 Basic Info

- Name:
- Support Person(s):
- Due Date:
- Preferred Hospital/Birth Center:
- Care Provider (OB/Midwife):
- Pediatrician (if chosen):

🛏️ Labor Preferences

- I prefer to:

☐ Walk/move around during labor

☐ Use a birthing ball

☐ Labor in water (tub/shower)

☐ Have intermittent fetal monitoring

☐ Avoid induction unless medically necessary

☐ Be informed before any interventions

- Pain management:

☐ Breathing techniques

☐ Massage

☐ Epidural

☐ IV medication

☐ I'd like to decide in the moment

👶 Delivery Preferences

- I'd like to:

☐ Choose birthing position (e.g., side-lying, squatting)

☐ Use a mirror to see baby being born

☐ Touch baby's head as it crowns

☐ Have support person catch baby

☐ Delay pushing until I feel the urge

☐ Avoid episiotomy unless absolutely necessary

🍼 After Birth

- Immediately after delivery:

☐ Skin-to-skin contact

☐ Delay cord clamping

☐ Support person to cut the cord

☐ Breastfeed as soon as possible

☐ Bottle-feed or formula-feed

☐ Save placenta (for encapsulation or other use)

- Newborn procedures:

☐ Delay bath

☐ Administer vitamin K

☐ Administer eye ointment

☐ Circumcision (if applicable)

☐ Decline any procedures (specify): _____

💛 Special Notes or Requests

(Include any cultural, spiritual, or personal preferences, allergies, or medical conditions)

📦 Just-in-Case Section

- If a cesarean becomes necessary:

☐ I'd like my support person present

☐ I'd like skin-to-skin in the OR if possible

☐ I'd like to see baby immediately

☐ I'd like to breastfeed as soon as possible

Visit www.Bumpstobigs.com for more information