



**i am you...  
and you are  
me**

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## *A Birth Plan for:*

**DUE DATE**

**TYPE OF BIRTH (CIRCLE  
ONE)**

HOSPITAL  
HOME  
BIRTH CENTER  
WATER

**PHYSICIAN NAME AND PHONE**

**MIDWIFE NAME AND PHONE**

**DOULA NAME AND PHONE**



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## *A Birth Plan for:*

**PEDIATRICIAN NAME AND  
PHONE**

**HOSPITAL/BIRTHING  
CENTER ADDRESS**

**LIST ANY IMPORTANT MEDICAL ISSUES AND  
CONCERNS**



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## LABOR

PLEASE CIRCLE THE OPTION(S) THAT BEST REFLECTS YOUR DESIRE.

DURING LABOR, I'D PREFER TO  
BE....

STANDING UP  
LYING DOWN  
WALKING AROUND  
ALL OF THE ABOVE

WHEN IT COMES TO PAIN  
MANAGEMENT, I WOULD LIKE...

NO MEDICATION  
STANDARD EPIDURAL  
WALKING EPIDURAL

I WOULD LIKE TO REQUEST THE FOLLOWING COMFORT  
MEASURES:

QUIET ROOM

DIMMED LIGHTS

MUSIC

OTHER, PLEASE SPECIFY:



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## **DELIVERY**

PLEASE WRITE RESPONSES THAT BEST REFLECTS YOUR DESIRE.

**DURING DELIVERY, I'D PREFER  
TO BE...**

**PLEASE LIST THE NAMES OF THE PEOPLE  
YOU WOULD LIKE IN THE DELIVERY ROOM.**

**WOULD I LIKE AN EPISIOTOMY?**

*An episiotomy is a surgical cut made at the opening of the vagina during childbirth to aid a difficult delivery and prevent rupture of tissues. Please answer yes or no.*

**SHOULD I NEED A CAESAREAN, I  
WANT...**

*(e.g. to stay conscious/awake, my partner to be with me the entire time, to hold my baby right after delivery). Please write below.*

**DURING DELIVERY, I ALSO WANT...**

# Congratulations! You've made your own birth plan!

Once you've completed your birth plan with all of your birth preferences, please make a copy (or copies) to provide to your health care provider(s) to include your: OB/GYN, midwife, doula(s), nurse, physician assistant,;etc.

**DISCLAIMER: ALTHOUGH YOU HAVE A BIRTH PLAN, CIRCUMSTANCES DURING DELIVERY MAY NOT ALLOW FOR EVERYTHING IN YOUR PLAN TO OCCUR. IT IS IMPORTANT TO KEEP AN OPEN LINE OF COMMUNICATION WITH YOUR PROVIDER(S). THIS BIRTH PLAN BY DIALOSOPHY SHOULD NOT BE USED AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR TREATMENT.**