

# My Birth Plan

Name:

Est. Due Date:

Baby No.:

Birth Partner:

Birth Partner GSM:

## IMPORTANT TO KNOW

**Birth Place Choice**

**Pain Relief**

**Birth Environment**

**My Comfort Measures**

**Monitoring**

**Vaginal Examinations**



**My Labour**

**Assisted Delivery**

**Birthing My Placenta**

**Augmented Labour**

**Feeding My Baby**

**Caesarean Birth**



Simply Hypnobirth  
build confidence, release fear