

Birth Plan with RPW

We encourage you to write down your wishes and desires for your baby's birth and discuss these with your physician. (Use additional sheet, if necessary.)

Your support people: _____

Your preferences about pain control: _____

Medical interventions during labor: _____

Second stage of labor (pushing) and delivery: _____

Most important issues: _____

Concerns or fears: _____

Infant feeding: _____

Newborn procedures: _____

The birth plan has been reviewed and discussed with me.

Patient's signature: _____

Physician's signature: _____