

Birth Plan



Information About You

Name and pronouns

Partner or support person's name & pronouns

Due date

Your doctor's name & contact info

Rooms and Atmosphere

Sounds :

- Music, if so what
- Quite as Possible

Lighting :

- Normal
- Lights Dimmed

People to be Present :

(check to see about facility's policy on number of people allowed in the room)

Labor

- I would like to move around
- I would like to stand
- I would like to lie Down
- I would like to use a prop (i.e. ball, stool, chair).
- I would like to hydrate using clear liquids and Ice chips
- I would like an IV to ensure hydration

Pain Management

I would like to do the following for pain relief

Delivery

- Use a mirror
- Push with or without counting
- My partner or support person will cut the cord
- I would like delayed cord clamping
- I have made arrangements for my baby's cord blood to be stored
- I would like for you to announce the gender

Rooms and Atmosphere

- I would like immediate skin-to-skin contact
- I would like to hold the baby after being
- wiped clean & swaddled
- I would like the baby, if a boy, to be circumcised



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