

YOUR BIRTH PLAN

Your Top 3 Goals for this Pregnancy:

1 _____

2 _____

3 _____

Do you currently have a birth plan? () Yes () No Please explain:

Are you taking any prenatal/birthing classes? () Yes () No Please explain:

Who is your birth provider?

Location:

Will he or she be present for your delivery?

Is it ok for us to send them a letter about your care/progress? () Yes () No

Do you intend to have a doula or birth coach present? () Yes () No If no, would you like resources on doulas? () Yes () No

If yes, please explain:

Do you wish to have a natural vaginal delivery? () Yes () No If not, what concerns do you have?

YOUR POST-BIRTH PLAN

Do you plan on breastfeeding your child? () Yes () No

What do you intend to do for vaccines?

Is there anything else you would like to tell us about your pregnancy or birth plan?

What would you like to gain about chiropractic care during pregnancy?

Do you have support during the post-partum period? (spouse/partner, parent, in-law, doula, other)

Are there any other questions you want to ask today?