** Birth plan:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth** |  |
| **Pregnant of:** | 1st child | 2th child | 3th child | |
| **Due date:** |  |

|  |
| --- |
| **Experiences any previous births:** |
| **Wishes for the this pregnancy en birth:** |
| **Surroundings / ambiance:** |
| **Guidance and communication:** |
| **Pain relief:**  |
| **Baby:** |
| **Comments:** |