

# \_\_\_\_\_ 's Birth Plan



Due Date: .....

Spouse: .....

**Delivery Method:**

\_\_\_\_\_

**In case of emergency:**

\_\_\_\_\_

**Preferred Medications:**

\_\_\_\_\_

**Pain Management Methods:**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Miscellaneous preferences:**

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**Obstetrician:**

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**Gynaecologist:**

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**Paediatrician:**

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**Delivery Room Guests:**

*Whitelist* -----

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*Blacklist* -----

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