



Your Birth, Your Way

A Free Guide to Creating a Birth Plan That Actually Works

Because your voice deserves to be heard – before, during, and after your birth.

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Welcome, Mama

"A birth plan isn't a contract with the universe. It's a conversation with your care team — and a promise to yourself that your voice matters."

If you've Googled "birth plan template" recently, you've probably found one of two things: a two-page form asking whether you want an epidural (yes/no/maybe), or a 12-page document covering scenarios you've never heard of. Neither of those actually helps you.

Here's the thing: most birth plans fail — not because the mother wasn't prepared, but because nobody taught her what a birth plan is actually for.

It's not a checklist. It's not a demand letter to your OB. It's a communication tool. And when used correctly, it's one of the most powerful things you can bring into your birth.

This guide will teach you how to create a birth plan that:

- Reflects your values and preferences clearly
- Opens dialogue with your care team instead of creating tension
- Stays flexible enough to adapt when birth surprises you
- Makes sure your voice is heard — even if you can't speak for yourself in the moment

Why Most Birth Plans Fail

The average birth plan looks like this: a printed page, bullet points, laminated if you're feeling ambitious. It gets handed to a nurse who scans it for thirty seconds, nods politely, and tucks it into a folder. That's not a plan. That's a wish list.

The 4 Reasons Birth Plans Don't Work

1. They're written for the perfect birth — and labor doesn't follow scripts.
2. They're too long — overwhelming the people who need to read them quickly.
3. They focus on interventions, not preferences — leading with what you don't want instead of who you are.
4. They skip the emotional stuff — how you want to be spoken to, what helps you feel calm, what your partner should do.

Before You Write a Single Word

Before you think about epidurals or IV lines, you need to get clear on what kind of birth experience you actually want. Take a few minutes to answer these questions honestly:

Your Values Inventory

1. When you imagine your birth going exactly right, what does it feel like?
2. What are you most afraid of? What would help you feel safer?
3. How do you handle pain in everyday life?
4. How important is it to you to feel in control of decisions?
5. What do you need to feel calm? Music? Quiet? Darkness? Your partner's touch?
6. Is there anything from a previous birth or medical experience your team should know?

Your answers are the foundation of your birth plan. Everything else flows from here.

The 5 Sections Every Birth Plan Needs

A great birth plan covers five key areas. It's no longer than one page (front and back). It opens with a brief personal statement and ends with a flexibility clause.

Section 1: About You & Your Birth Team

Include your name, your partner's name, your care provider, any special circumstances (previous birth trauma, anxiety, fear of needles), and your doula if you have one.

Why it matters: This section humanizes you from the moment a nurse picks up your plan. You're not "the patient in Room 4" — you're a person with a name and a context.

Sample Language

"Hi — I'm [Name], and this is my [first/second] baby. My partner [Name] will be with me throughout labor. I have [anxiety/previous traumatic birth/etc.] and my care team knowing this helps me feel safer. Thank you for taking a moment to read this."

Section 2: Your Labor Environment

Include your preferences for lighting, sound, who is allowed in the room, freedom to move, and monitoring preferences.

Environment affects labor more than most people realize. Cortisol (stress hormone) slows labor. Oxytocin (the love hormone) moves it along. A low-light, calm, private environment supports the birth process.

Red Flag to Watch For

If your hospital says you **MUST** be on continuous fetal monitoring without a medical reason, ask why. Intermittent monitoring is considered safe for low-risk labors and gives you much more freedom to move.

Section 3: Pain Management

Include your current thinking on pain management, the non-pharmacological comfort measures you want access to (tub, shower, birth ball, massage), how you want to be supported during contractions, and a statement that you reserve the right to change your mind.

The "don't ask, don't offer" option: If you're planning an unmedicated birth, you can include a note asking your care team not to offer pain medication unless you ask. This doesn't mean you can't have it — it just means you don't want to be nudged toward it.

Section 4: Intervention Preferences

Include your preferences around: IV access, Pitocin augmentation, artificial rupture of membranes (AROM), episiotomy, and pushing position.

Most importantly: "Unless there is a medical emergency requiring immediate action, I'd like to be consulted and give consent before any intervention."

Your Rights

You have the legal and ethical right to informed consent before any procedure. Your birth plan creates a paper trail that you want to be asked — especially when you're exhausted or overwhelmed and things could happen without your full understanding.

Section 5: Birth & Immediate Postpartum

Include: pushing preferences (coached vs. uncoached), position preferences for delivery, delayed cord clamping (1–3 minutes minimum), immediate skin-to-skin, and feeding intentions.

Don't Skip This Section

The moments after birth are irreversible. Delayed cord clamping allows up to a third of baby's blood supply to transfer before the cord is cut. Skin-to-skin in the first hour initiates breastfeeding and triggers bonding hormones. These two things cost nothing and take almost no extra time — but they need to be stated explicitly.

The Flexibility Clause

Every birth plan should end with something like this:

"We know birth is unpredictable, and we trust this team to keep us and our baby safe. If anything needs to change, please explain it to us clearly — we will listen and we will work with you. We're not trying to control birth — we're trying to be present for it. Thank you for being part of this."

This one paragraph transforms your birth plan from a demand list into a collaboration request. It shows your care team that you're reasonable, informed, and open — and that you trust them.

Your One-Page Birth Plan Template

Use this as a starting point. Adjust to fit your values and preferences. Print 4–5 copies to bring to the hospital.

[YOUR NAME]'S BIRTH PLAN

Partner: [Name] | Provider: [Dr./Midwife Name] | Doula: [Name]

A little about us: [2–3 sentences — first baby, anything your team should know]

Environment preferences:

- Lighting: [dim / natural / flexible]
- Sound: [quiet / our playlist / flexible]
- Visitors: [limited to birth team only / family welcome after birth]
- Movement: We'd love the freedom to move, walk, and use the tub/shower

Pain management:

- We're planning: [unmedicated / open to epidural / undecided]
- Comfort measures we want: [tub, ball, massage, etc.]
- Please: [don't offer medication unless I ask / offer options and let me decide]

Interventions:

- Please consult us before any non-emergency intervention
- We'd prefer to avoid episiotomy — please try warm compresses first
- Monitoring preference: [intermittent / continuous with freedom to move]

Birth & Immediate Postpartum:

- Delayed cord clamping: minimum [1 / 2 / 3] minutes
- Immediate skin-to-skin: yes — please hold all non-urgent assessments
- Feeding plan: [breastfeeding / formula / combination]

We understand birth may not go as planned. We trust this team.

Please keep us informed and involved in every decision — that's all we ask.

Birth Plan Checklist: Before You Print

- Is it one page (or close to it)?
- Does it open with something personal about you?
- Have you covered: environment, pain management, interventions, pushing, postpartum?
- Did you state your feeding intentions?
- Did you request delayed cord clamping?
- Did you request immediate skin-to-skin?
- Have you asked your partner to read it and add anything?
- Did you share it with your OB or midwife at your last prenatal appointment?
- Does it end with a flexibility statement?
- Is the tone collaborative, not adversarial?

5 Action Steps to Bring Your Plan to Life

Step 1: Have the conversation before you arrive.

Share your birth plan with your care provider at 35–36 weeks. Ask: "Is there anything in here that conflicts with your typical practice?" This surfaces potential friction before you're in labor — when you can actually problem-solve calmly.

Step 2: Bring printed copies.

Print 4–5 copies. Give one to the admitting nurse, one to your labor nurse, tape one to the wall in your room, and keep one for yourself and your partner. Don't rely on it being in your chart.

Step 3: Brief your partner.

Your partner needs to know the birth plan better than you do — because when you're in active labor, you won't be reading it. Walk through each section together.

Step 4: Stay flexible.

If something on your birth plan doesn't happen — or something happens that's not on it — take a breath. Ask questions. Make an informed decision. The birth plan is your starting point, not your destination.

Step 5: Save it for your records.

After your birth, your plan becomes part of your birth story — a document of what mattered to you, what you advocated for, and what you were brave enough to ask for.

You Don't Have to Do This Alone

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labor support and postpartum guidance.

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