GUIDING YOUR JOURNEY TO NATURAL WELLNESS

The Herbal Compass

HOLISTIC BIRTH AND WELLNESS COLLECTIVE

BIRTH PLAN *Questionnaire*

Please answer all questions to the best of your ability and also please list below if you have questions or make sure to bring up questions during our appointments.

PERSONAL DETAILS

First and Last Name _____

Birth Location _____

Estimated Due Date _____

OBGYN/MIDWIFE Name _____

Email _____

Phone Number _____

EMERGENCY CONTACT / BIRTH ATTENDEES

Father of Baby's First and Last Name _____

Father of Baby's Number _____

Emergency Contact Name
(if different from other parent) _____

Emergency Contact Phone Number _____

Who will be present at your birth?

☐ HUSBAND/PARTNER ☐ DOULA ☐ FAMILY
☐ FRIENDS ☐ CHILDREN

Please list the names and relationships of those who will be present at your birth.

_____

_____

Do you want anyone limited or not present during labor or birth?

_____

Who will be your primary support person?

_____

BIRTH VISION & PREFERENCES

ANSWER TO THE BEST OF YOUR ABILITY. WE WILL GO OVER EVERYTHING.

How do you envision your birth experience?
(Calm, quiet, spiritual, active, etc.)

What words best describe your ideal birth?

Are there any cultural, spiritual, or religious practices you would like included?

What are your biggest hopes for this birth?

What are your biggest concerns or fears?

LABOR ENVIRONMENT

Preferred Atmosphere (check all that apply)

☐ Quiet ☐ Music ☐ Worship/Affirmations ☐ Dim Lighting
☐ Natural Lighting ☐ Bright Room ☐ Candles (Homebirth Only)
☐ Aromatherapy

Any specific scents, music, or playlists?

_____

_____

Do you prefer:

☐ Minimal Conversation
☐ Encouragement and Coaching
☐ A Mix Depending on Labor Stage

"Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth." 3 JOHN 1:2 (KJV)

LABOR PREFERENCES

Preferred Positions for Labor (check all that apply)

- ☐ Walking ☐ Squatting ☐ Hands & Knees
- ☐ Birth Ball ☐ Side-Lying ☐ Birth Pool

Pain Management Preferences (check all that apply)

- ☐ Breathing Techniques ☐ Movement ☐ Water (Shower/Tub)
- ☐ Massage ☐ Herbal Support ☐ Prayer
- ☐ Open to Suggestions ☐ Epidural
- ☐ Nitrous Oxide ☐ Pain Meds
- ☐ Open to Pain Meds if Natural Methods Do Not Fit My Needs

Are you open to vaginal exams?

☐ Yes ☐ Limited ☐ Only If Necessary ☐ No

Preferences for monitoring baby:

☐ Intermittent Monitoring ☐ Minimal Monitoring ☐ As Needed

Hydration & nourishment preferences during labor:

_____

INTERVENTIONS & DECISION MAKING

If labor is progressing slowly, what are your preferences?

- ☐ Natural methods first
- ☐ Open to recommendations
- ☐ Transfer to hospital if needed

Are you open to the following if necessary? IV fluids

☐ Yes ☐ No

Induction/augmentation:

☐ Yes ☐ No ☐ Prefer to Avoid

Assisted delivery (forceps/vacuum)

☐ Yes ☐ No ☐ Prefer to Avoid
☐ Open to Forceps ☐ Open to Vacuum

Cesarean birth:

☐ Yes ☐ No ☐ Only in Emergency

EMERGENCY & TRANSFER PREFERENCES

If transfer becomes necessary, what are your preferences?

- ☐ Go immediately
- ☐ Try additional natural methods first
- ☐ Discuss thoroughly before transfer

Preferred hospital (if applicable): _____

_____

Who will accompany you during transfer?

_____

PUSHING & BIRTH PREFERENCES

Preferred pushing positions (check all that apply)

- ☐ Upright ☐ Squatting ☐ Hands & Knees
- ☐ Side-lying ☐ Water Birth

Do you prefer:

☐ Directed Pushing ☐ Spontaneous Pushing

Would you like to touch or see baby as they are being born?

☐ Yes ☐ No ☐ Unsure

Who would you like to catch the baby (if applicable)?

_____

CORD & PLACENTA PREFERENCES

Cord clamping:

☐ Delayed ☐ Immediate ☐ After Placenta Delivers

Who will cut the cord? _____

Placenta preferences:

- ☐ Keep Placenta ☐ Encapsulation ☐ Discard Myself
- ☐ Have the Hospital Discard it

NEWBORN CARE PREFERENCES

Immediate after birth:

☐ Skin-to-skin ☐ Delayed Procedures ☐ Quiet Bonding Time

Feeding preference:

☐ Breastfeeding ☐ Bottle Feeding ☐ Formula Feeding
☐ Combination

NEWBORN PROCEDURES

	YES	NO	UNDECIDED
Vitamin K?	☐	☐	☐
Hepatitis B Vaccine?	☐	☐	☐
Eye Ointment?	☐	☐	☐
Baby stays with parents at all times?	☐	☐	☐

POSTPARTUM PREFERENCES

Desired postpartum support:

☐ Rest & Quiet ☐ Visitors Allowed
☐ Limited Visitors

Any cultural or traditional postpartum practices? _____

What support do you need most after birth? (check all that apply)

☐ Breastfeeding Support ☐ Emotional Support
☐ Physical Recovery ☐ Newborn Care Education

ADDITIONAL NOTES

Anything else you would like your birth team to know?

_____

Any additional questions that you may have?

_____

We are honored to walk alongside you on this sacred journey. ♡