My Pregnancy and Birth Care Plan

This plan is about me. It helps my care team understand my needs, preferences, and values during pregnancy, labour, birth, and after. Please take the time to read it with care and respect.

About Me

My name:
My pronouns:
I would like to be called:
My due date (if known):
Birth partner(s) or support person(s):
Main language I use:
Interpreter needed? ☐ Yes ☐ No

Communication and Understanding

Please know that I:

☐ Prefer simple explanations
☐ Need extra time to process information
☐ Find bright lights / loud sounds / touch difficult
☐ May need quiet breaks or space
☐ Use visual aids / write things down / use my phone to communicate

Other things to know about how I understand and communicate:

Faith and Culture

My beliefs, culture or traditions that I would like respected:

☐ Female only staff where possible
☐ Prayer needs or religious observance
☐ Specific practices around birth or afterbirth
☐ Foods I can/cannot eat

Details:

Mental Health and Wellbeing

My mental health is:

☐ Currently stable
☐ Needing support
☐ Affected by pregnancy

What helps me stay calm or grounded:

What makes me feel unsafe or overwhelmed:

When I feel stressed, overwhelmed or feel unsafe this is how I may act/behave (stop talking or hit myself):

Past or current support team (if any):

Trauma and Safety

I may have experienced:

☐ Past trauma (medical, sexual, emotional, etc.)
☐ Difficult previous pregnancy or birth
☐ Fear around medical exams or touch

Please avoid (touching or certain words):

What helps me feel safe and in control:

Neurodivergent Needs

☐ I am autistic / ADHD / have sensory processing needs
☐ I may not show pain in expected ways
☐ I find eye contact difficult
☐ I may need my support person to speak for me sometimes

Other helpful info:

Gender and Sexuality

☐ I am LGBTQIA+
☐ I have a partner or co-parent who may not be recognised
☐ I do not identify with the term “mother”
☐ Please use gender-inclusive language

Preferred terms and identity:

How I’d like you to talk about my body or family (for example: chestfeeding/non-birthing mother):

Birth Choices and Preferences

These are things I'd like you to know about my birth plan:

☐ I would like to give birth: ☐ at home ☐ in a birth centre ☐ in hospital
☐ I want pain relief options explained clearly
☐ I'd like to avoid a vaginal exam unless absolutely necessary
☐ I want to know before anyone touches me
☐ I want my partner/support person present

Other birth wishes:

Postnatal Needs

After birth, I may need:

☐ Extra emotional support
☐ Quiet or low-stim environments
☐ Space for religious or cultural practice
☐ Help with feeding or bonding
☐ Limitations around leaving the house (40 days/support)

Other needs or worries:

Final Notes

Anything else I'd like you to know about me, my identity, or my needs:
