

LAKERIDGE HEALTH OSHAWA BIRTH PLAN

(If you do not have strong preferences, complete
the * items as a minimum)

* YOUR NAME:

* YOUR SUPPORT PEOPLE:

* TELEPHONE CALLS:

* CONTROLLING PAIN:

MOST IMPORTANT ISSUES:

* DIET:

Regular

Vegetarian

Kosher

White
Meat Only

Other:

CONCERNS OR FEARS:

MEDICAL INTERVENTIONS DURING LABOUR:

SECOND STAGE AND DELIVERY:

CESAREAN BIRTH:

DISCHARGE:

- 8 hours < 24 hours _____ (1 or 2) days

EDUCATION NEEDS (About yourself or your recovery)