[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Hospital or Birth Center Name]
[Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. As I prepare for the arrival of my baby, I want to share my birth plan with you regarding my desire for a Vaginal Birth After Cesarean (VBAC). I appreciate your support and the expertise you bring to my care.

Birth Preferences:

1. **Support Team**: I would like [Partner's Name] and [any other support persons, e.g., doula, family member] to be present during labor and delivery.

2. **Environment**: I prefer a calm and quiet environment. Please minimize unnecessary interruptions.

3. **Mobility**: I would like to have the option to move around and utilize different positions during labor.

4. **Pain Management**: I plan to use natural pain relief methods such as breathing techniques and laboring in water. If necessary, I am open to discussing medications but would like to avoid epidurals.

5. **Monitoring**: I would prefer intermittent fetal monitoring to allow for more mobility.

6. **Delivery**: I hope for a hands-off approach during delivery unless complications arise. Please wait for my body to guide the timing and direction of pushing.

7. **Immediate Postpartum**: I wish to have immediate skin-to-skin contact with my baby, and I would like to delay any procedures (such as bathing or weighing) to allow for this bonding time.

8. **Breastfeeding**: I plan to exclusively breastfeed and would appreciate support in getting started immediately after birth.

9. **Emergency Protocol**: I understand that circumstances may change. If a surgical intervention becomes necessary, please communicate with me and my support team.

Thank you for taking the time to review my birth plan. I believe that with your support, I can achieve a successful VBAC. I am looking forward to discussing this further during my next appointment.

Warm regards,

[Your Name]
[Your Signature (if sending a hard copy)]