

Your Birth Plan

Name: _____ My due date is: _____

My healthcare provider is: _____

Getting to know you: _____

Support people: _____

Tell us your concerns:

- Epidural or no epidural?
- Fetal monitoring?
- IV therapy?
- Having your family in labor room?
- Use of interventions?

Labor preferences:

Atmosphere:

- Family photos
- iPod
- Focal points
- Massage lotion
- Pillows
- Other items you feel may be beneficial

Position changes:

- Walking
- Using a rocking chair
- Taking a shower
- Using a birthing ball
- Pelvic rocking
- Other

Relaxation & comfort techniques:

- Massage
- Use of counter pressure
- Imagery
- Breathing techniques
- Heat & cold applications
- Other

Medical interventions during labor & birth:

Pain management:

- Pain Medication
- Relaxation & Breathing
- Massage
- Movement
- Shower
- Birthing Ball
- Other

Topics to consider during second stage positions and birth: _____

In the event of a cesarean birth, will you have a support person present?

- Yes No

After your baby is born:

My baby's healthcare provider is: _____

- I have not chosen a healthcare provider for my baby
- I plan to breastfeed
- I plan to bottlefeed
- I do plan to have my son circumcised
- I DO NOT plan to have my son circumcised

Going home:

Special concerns/requests for the care of your baby: _____

Please be sure to have your baby's car seat installed in your car prior to discharge. Nurses cannot assist you in installation.

Thank you for sharing your Birth Plan with us! We look forward to caring for you and your baby.