

My Birth Plan



TELL US ABOUT YOUR IDEAL BIRTH EXPERIENCE

This document is a way for you and your partner to communicate your wishes to your doctor and the nurses at Lake Regional Family Birth Center. Bring this completed form to your doctor's appointment so that you can review it together.

We will do our best to honor your plan. The safety of you and your baby are our top priority. It's best to be flexible as you complete this plan. Consider it a list of preferences that may need to be adjusted as labor progresses.

My name: _____

Doctor: _____

Date completed: _____

Shared with doctor on: _____

Faxed to Labor & Delivery: _____

I would like the following people present in my private suite during my stay:

1. _____

2. _____

I want my delivery team to know: *(Check all that apply.)*

Privacy is very important to me.

I want the room quiet and relaxing.

I enjoy humor and a fun environment.

I want everything explained — always.

I don't have a strong preference; I want to go with the flow.

Additional: _____

During labor I would like: *(Check all that apply.)*

To bring my own music to play

Dim lighting

The room as quiet as possible

As few interruptions as possible

To wear my own clothes

To stay hydrated with clear liquids and ice chips

To be offered an epidural as soon as possible

To be coached on when to push and for how long

To view the birth using a mirror

To touch my baby's head as it crowns

Additional: _____

While in labor, my diet will be clear liquids. You should know that I will prefer:

Water

Ice chips

Apple juice

Soda ___Shasta ___Ginger Ale

Jello ___red ___orange ___green

Broth ___chicken ___beef

Tea ___hot ___cold

HELPFUL HINT

Keep a copy of this form in your hospital bag to share with your labor nurse.

For pain relief, I would like to try: *(Check all that apply.)*

- Breathing techniques
- Distraction (shower, birthing ball, etc.)
- Massage
- IV medications
- Epidural
- Please don't offer me pain medications unless I ask for them, including an epidural.
- Additional: _____

If I need a Cesarean section, I would like:

- (Check all that apply.)*
- _____ to be with me during surgery
 - Music played if approved by the surgeon
 - The surgeon/surgery team to describe the surgery as it progresses
 - The cord left long so my support person can cut the cord
 - To hold my baby immediately after delivery
 - To breastfeed during recovery
 - The Family Birth Center staff to update my family
 - My privacy; I will keep my family updated
 - Additional: _____

Right after delivery: *(Check all that apply.)*

- We want to discover the sex of our baby ourselves. Don't tell us!
- I'd like to hold my baby skin to skin immediately
- I'd like my baby dried off before being brought to me
- I'd like you to wait until the umbilical cord stops pulsating before it is clamped and cut
- I'd like my partner to cut the umbilical cord
- I'd like to delay newborn procedures (such as bathing and measuring) for the first hour or more to give me a chance to feed and bond with my baby
- Additional: _____

If I have a boy, a circumcision should:

- Not be performed during hospital stay
- Be performed
- Additional: _____

Note: Check if your insurance covers circumcision; many insurance companies do not.

Regarding my baby: *(Check all that apply.)*

- Please give my baby a bath for me
- Have my partner or me give the first bath
- I'm planning to feed only breast milk
- I'm planning to feed only formula
- I want to breastfeed and would appreciate a lot of support
- I want to be consulted before my baby is given a bottle or pacifier
- Please keep my baby with me at all times
- I want the recommended vaccines given to my baby

Other requests: _____

