

Family Birth Plan

Instructions:

Place a check mark next to the options you prefer. Once you have completed your birth plan, bring it to your prenatal appointment so you can discuss it with your doctor. Bring a copy with you when you come to the hospital so that your doctor and nurses can review it with you. Please realize that certain circumstances that arise unexpectedly during labor may limit the number and kinds of choices you have. It is our goal to honor your choices to the greatest possible extent.

Labor:	
 Being able to change positions freely in labor is im My support person and I plan to labor in a quiet envisitors, and dimmed lights. I prefer to have a saline lock (a plug for your IV new I would like the option of intermittent fetal monitors) 	edle) rather than an IV.
Pain Management:	
I plan to try breathing, position changes, warm sho	owers or other relaxation techniques in labor.
I will ask for pain medicine if I need it.	
I plan to have IV pain medicine (Fentanyl) during la	abor.
I would like to have an epidural.	
I am considering an epidural or IV pain medication	but will decide in labor.
Delivery:	
I would like a mirror available to view my baby's b	irth.
I would prefer not to have an episiotomy unless m	
I would like to touch the baby's head as it crowns.	, , ,
I would like to have	cut the hahv's cord
I would like to hold my baby skin to skin immediat	
If a Cesarean delivery is necessary; my support pe	
If a desareal delivery is necessary, my support pe	3011 WIII DC
After Delivery:	
I would like to hold my baby during the administration of medications.	
I, or my support person, would like to participate i	n the baby's first bath.
I plan to breastfeed my baby.	·
I would like additional information or assistance w	ith breastfeeding.
If I have a boy, I plan to have him circumcised before	
Patient's Signature	Date

Please use the back of this page to share any special requests. We are listening.



Patient's Sticker