

Birth Plan

For additional birth planning information, call 704-341-3176.



Carolina's Medical Center
Pineville

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A birth plan is a way of communicating your wishes for your birth experience with your care providers. Your physician, nurse midwife, pediatrician and the nursing staff at the Maternity Center at Carolina's Medical Center-Pineville are eager to assist you in having the experience you desire. Please complete this form and share it with your physician or nurse midwife. They will assure that a copy is sent with your prenatal records to the Maternity Center at Carolina's Medical Center-Pineville. If you have questions or would like assistance with completing a birth plan, please call our Perinatal Education Coordinator at 704-341-3176.

Planning For Your Child’s Birth Certificate

A birth certificate is an important legal document that will be needed many times during your child’s life. The hospital is required to prepare and file this record, and you will be asked to provide the information listed below. **Please complete this form and take it with you when you go to the hospital to have your baby.**

You will be given the completed birth certificate to review and sign. Make sure that all the information is correct, *especially the name*. After the certificate is filed the name cannot be changed except by court order.

Proposed Name **Boy** _____
Girl _____

Mother _____
First Middle Last Maiden

Date of Birth _____ **State or Country of Birth** _____

Race _____ **Hispanic Origin** _____
Specify White, Black, American Indian, etc. Specify Hispanic Origin yes / no

Education *Circle highest year completed* **Elementary** **High School** **College**
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Present Address _____
Street Address or PO Box City County State Zip
Is this address inside city limits? _____

Father _____
First Middle Last

Date of Birth _____ **State or Country of Birth** _____

Race _____ **Hispanic Origin** _____
Specify White, Black, American Indian, etc. Specify Hispanic Origin yes / no

Education *Circle highest year completed* **Elementary** **High School** **College**
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Previous Live Births *(Do not include this birth)* _____ **Previous Stillbirths** _____

How many other children are living? _____ How many pregnancies not resulting in live birth? _____

How many were born alive, but are now dead? _____ Date last live birth _____ Date last stillbirth _____

Father’s Social Security No. _____ Mother’s Social Security No. _____

NOTE: N.C.G.S. 130A-101(e): If the mother was married either at the time of conception or birth or between conception and birth, the name of the husband must be shown as the father of the child. N.C.G.S.130A-101(f); If the mother was not married, the name of the father may be shown on the certificate with the consent, under oath, of both the father and mother. (Ask the person preparing the birth certificate to assist you with this.)

THIS IS NOT AN OFFICIAL DOCUMENT.

Birth Plan

Mother’s Name _____ Age _____

MD/CNM Name _____ Due Date _____

Support Person _____ Relationship _____

About the Mother-To-Be

Allergies _____

Please indicate any medical conditions that may affect labor and delivery:

Diabetes (high sugar)

Gestational diabetes (sugar due to pregnancy)

PIH (high blood pressure w/pregnancy)

Chronic hypertension

VBAC (vaginal birth after cesarean)

Placenta previa

Harrington rods

Other: _____

Births:

date	location	vaginal or c/s	complications	child’s name
date	location	vaginal or c/s	complications	child’s name
date	location	vaginal or c/s	complications	child’s name

Please circle the prenatal classes you attended:

Childbirth

Breastfeeding

Infant CPR

Boot Camp for Dad

Childbirth Refresher

Newborn Care

Epidural

Other: _____

Describe any personal/cultural/religious customs that are important in caring for you and your new baby:

Circle a diet preference:

Regular

Vegetarian

Kosher

Other: _____

Can you speak English?

Yes

No

Can you read English?

Yes

No

If not, what language do you understand? _____

Who will be your interpreter? _____

Visitor Preference

We **DO** **DO NOT** want the hospital staff to help limit visitors during labor.
(Please circle your preference.)

We plan for the following people to be present during **labor**: _____

During the **birth** of the baby we plan to have the following people present: _____

During labor/birth we request incoming telephone calls come directly to the room.

YES

NO

Labor and Birth

Please circle any of the following comfort measures you may want to utilize during labor/birth:

Relaxation breathing

Massage

Music

Hot/cold packs

Shower/jacuzzi

Birth ball

Squatting bar

Dimly lit room

IV medication

Epidural

Other: _____

After Delivery *(Please circle requests.)*

Dad/coach would like to:

Cut the umbilical cord

Announce the sex of the baby

Assist with the first bath

Spend nights at the Maternity Center

Other: _____

Videotaping is permitted after birth, pending consent by the attending physician or nurse midwife.

We plan on: **Breastfeeding** **Bottle feeding** our baby. Formula preference: _____

We request:

m

Our infant to room-in with us at all times

m

Our infant to go to the nursery at night

m

Our infant not be given a pacifier

m

Our breastfed infant not be supplemented with formula unless medically indicated

m

We plan on leaving the Maternity Center within 24 hours of delivery

Our pediatrician will be: _____ We **will** **will not** have our male baby circumcised.
(Please circle your preference.)

Other special requests: _____

We realize that a Birth Plan is a way to share ideas for the birth of our baby and not a binding agreement with our physician, nurse midwife or the Maternity Center staff. We understand that the process of labor may include some unexpected situations and we appreciate our healthcare provider’s and the Maternity Center staff’s commitment to the health of mother and baby.

Mother’s Signature

Coach’s Signature