

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