

Patient Name: \_\_\_\_\_

## Hospital Stay Preference Information

### Labor Medication:

My feelings and wishes about medication: \_\_\_\_\_

\_\_\_\_\_

- I am open to the use of pain medication
- I am not open to the use of pain medication
- Please do not ask me about the use of pain medication
- Do not offer me pain medication unless I say my code word: \_\_\_\_\_
- I would like an epidural

### Immediately After Delivery:

My feelings and wishes after delivery: \_\_\_\_\_

\_\_\_\_\_

- I wish to have skin-to-skin contact with my baby
  - Please delay cord clamping and cutting until pulsating ceases
  - I would like my baby to remain with me according to my wishes
  - I wish to breastfeed exclusively
  - I wish to breastfeed, but formula supplementation is acceptable
  - I wish to formula feed
  - I do not want my baby to be given a pacifier
  - I would like to meet with a lactation consultant
  - I would like my baby circumcised
  - I do not want my baby circumcised
- I have reviewed and discussed the above requests with my healthcare provider.

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_



My birth plan

# My Birth Plan

My Birth Plan outlines my preferences for my baby's birth and care during my hospital stay. I understand flexibility is required depending on the course of my labor and the well-being of my baby.

## My Information:

Name: \_\_\_\_\_ My Date of Birth: \_\_\_\_\_

Physician/Certified Nurse Midwife: \_\_\_\_\_

My Baby's Physician: \_\_\_\_\_

Due Date: \_\_\_\_\_



Patient Name: \_\_\_\_\_

Support Person: \_\_\_\_\_

## My Labor:

My feelings and wishes for labor: \_\_\_\_\_

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- Low lighting
- Quiet room
- Listen to music
- Aromatherapy
- Shower/whirlpool
- Breathing and relaxation techniques
- Massage
- Birthing balls
- Visualization/Focal point
- Ice Packs/Warm packs
- Walking
- Freedom to move/position according to how I feel
- Birthing chair
- Eat and drink according to how I feel
- Drinking clear fluids and eating ice chips
- Wearing my own clothes
- Bring my own pillows
- Pushing in positions of my choosing
- Pushing with the use of the squatting/birthing bar
- Pushing while on hands and knees
- Pushing while lying on my side
- I am not concerned with positioning