



# Women & Babies Hospital

Thank you for choosing Women & Babies Hospital for the birth of your baby. Our hope is that you will have the best experience possible with the safe delivery of a healthy baby.

Here at Women & Babies Hospital, our standard of care includes:

- Skin to skin care for at least the first hour of life
- Delayed cord clamping
- Breastfeeding initiated within the first hour of life
- Breastfeeding on demand
- Infants room in with their mothers

Please use this form to communicate with us your preferences for your birth.

## BIRTH PLAN

The purpose of this birth plan is to express our hopes for the birth of our child. We understand that this is written with the hopes that labor and delivery will progress naturally, but we also realize that this is not always the case. We understand that labor and delivery are not planned processes: changes may need to be made as labor progresses. We would like to be informed of our alternatives if problems arise. Thank you for your help in working toward our mutual goal of the safe and healthy delivery of someone so very special to us.

Mother's name \_\_\_\_\_ Baby's doctor \_\_\_\_\_  
 Due date \_\_\_\_\_ Baby's feeding plans \_\_\_\_\_  
 Labor Companions \_\_\_\_\_  
 Healthcare Provider \_\_\_\_\_  
 Special Circumstances \_\_\_\_\_

### Labor Preferences

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dim Lighting                    | <input type="checkbox"/> Walking and changing positions                        | <input type="checkbox"/> Intermittent fetal monitoring if possible |
| <input type="checkbox"/> Quiet environment               | <input type="checkbox"/> Aromatherapy ( <i>lavender available by request</i> ) | <input type="checkbox"/> Eat lightly if possible                   |
| <input type="checkbox"/> Music ( <i>I will provide</i> ) | <input type="checkbox"/> Mobile monitoring                                     | <input type="checkbox"/> Birthing Ball                             |
| <input type="checkbox"/> Using the shower/jacuzzi        |  |  |

### If I need medication for pain relief, I prefer:

- Having medication through an IV
- Having an epidural
- Nitrous Oxide (*if available*)
- I prefer that pain medication only be offered to me at my request

### While pushing, I prefer:

- To wait to push until I feel the urge
- To push in different positions
- To have a mirror at the foot of my bed so I can watch my baby's birth
- To have my provider use warm cloths and oil to help stretch the perineum
- To touch my baby's head as it crowns

### In case of a Cesarean birth

- I would like \_\_\_\_\_ to accompany me during the birth
- If possible, I would like music played during my birth (*I will provide*)
- I would like my support person to trim the umbilical cord

## Baby Care

- I would like \_\_\_\_\_ to cut the umbilical cord
- I would like all routine tests, procedures and shots for my baby that are recommended
- I prefer that routine hospital procedures be done while I hold my baby
- If I have a boy, I would like him to be circumcised (*a procedure done in the nursery*)

The following are also important to us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_