



PATIENT NAME LABEL

Name _____

Birth partner's name _____

Doctor or midwife's name _____

Due date _____

Baby's doctor's name _____

Congratulations and welcome!

As you look forward to your baby's birth, we invite you make your birthplan. Your care can be more individualized when we have information from you. Please discuss your preferences with your doctor or midwife at a prenatal visit as your due date approaches. We understand that a birthplan is flexible and may change during your hospital stay. We recommend attendance at our childbirth education classes to further prepare you for your baby's birth at the Family Birth Center. After your class participation, you will better understand which choices you may want to make with your provider.

Birth Care Plan

Listed below are some options that you may utilize at The Family Birth Center.

Please check those that you would like to try during your birth experience.

Relaxation Techniques

- ___ Music
 - ___ Progressive relaxation
 - ___ Visual imagery
 - ___ Subdued lighting
 - ___ Focal point
 - ___ Quiet atmosphere
 - ___ Sleep and/or rest
 - ___ Breathing
-

Movement

- ___ Birth-ball (supplied at MMC)
 - ___ Walking
 - ___ Standing/leaning
 - ___ Sitting/rocking
 - ___ Hands and knees
 - ___ Frequent position changes
 - ___ Squatting
 - ___ Slow dancing
 - ___ Rhythmic movements
 - ___ Pelvic rock/tilt
-

Family/Support in Labor

- ___ One or two support people with me
 - ___ Suggestions/verbal reminders
 - ___ Encouragement
-

Touch

- ___ Effleurage (rubbing of belly)
 - ___ Gentle touch
 - ___ Massage
 - ___ Accupressure
-

Warmth/Cool

- ___ Ice pack
 - ___ Rice sock
 - ___ Warmed blankets
 - ___ Warm shower/Jacuzzi tub
 - ___ Warm perineal compresses
-

Family/Support in Labor

- ___ One or two support people with me
 - ___ Suggestions/verbal reminders
 - ___ Encouragement
-

Medication/Anesthesia Pain Management

- ___ No medication
 - ___ Medication offered at my request
 - ___ Sterile water injections for back pain in labor
 - ___ Epidural/Intrathecal
-
-
-

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Baby Care Plan

Umbilical cord to be cut by

- Birth partner
 Doctor or Midwife

Newborn Care

- Skin to skin mother-baby contact
 Breastfeeding as soon as possible
 Mother-baby rooming in
 Baby bath demonstration

Infant Feeding

- Breastfeeding
 Supplemental feedings
 Pacifiers
 Formula

Circumcision

- Desired

Visitors Desired

- Siblings
 Grandparents
 Family Members
 Others

Discharge Plan

- Baby bath demonstration
 Educational audiovisuals
 Desire visiting nurse home follow-up
 Early discharge (less than 24 hours post birth)

Childbirth Preparation Attendance

Please indicate the classes that you have attended at MMC or other.

- | | |
|---|--|
| <input type="checkbox"/> First Pregnancy Five Week Series | <input type="checkbox"/> Practical Skills-Good Labor Support |
| <input type="checkbox"/> First Pregnancy One-Day Workshop | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Teen Workshop | <input type="checkbox"/> Baby Basics |
| <input type="checkbox"/> Expecting Multiples | <input type="checkbox"/> Siblings |

Do you have any disabilities or special needs for which we will need to make accommodations?

Is there anything else you would like us to know?

Best wishes for a beautiful birth experience!

Please return your birthplan to your doctor or midwife's office to review with your provider.

If you have questions about completing your birthplan, call 662-6132 for assistance.