

BIRTH PLAN

Your birth plan is intended to express preferences and desires for your birthing experience, and our purpose is to assist you in delivering a healthy newborn. This plan may be altered due to changes in your condition or the condition of your baby. If changes occur, we will always discuss options with you so that you are able to make informed decisions about the care you and your baby are receiving.

If you are interested in scheduling a tour of our Family Birth Place or information about childbirth preparation classes, please call 859-301-BABY (2229).

Your Name

Email

Name of Your Midwife/Obstetrician

Due Date

ENVIRONMENT *(Check all that apply)*

- | | | |
|--|-----------------------------|--|
| <input type="checkbox"/> Dim lights | <input type="checkbox"/> TV | <input type="checkbox"/> Aromatherapy |
| <input type="checkbox"/> Music (will bring my own device and playlist) | | <input type="checkbox"/> Other (please describe) _____ |

REQUESTS FOR LABOR

Physical ability to:

(Check all that apply)

- ☐ Be mobile
- ☐ Cub chair
- ☐ Rock
- ☐ Squat
- ☐ Squat bar
- ☐ Try multiple positions
- ☐ Use birthing ball
- ☐ Use peanut ball
- ☐ Use tub/shower
- ☐ Walk

Various options:

(Check all that apply)

- ☐ Aromatherapy
- ☐ Continuous monitoring with telemetry capabilities
- ☐ Directed pushing
- ☐ Epidural as soon as possible

- | | |
|--|--|
| <input type="checkbox"/> Have my water broken | <input type="checkbox"/> Please do not offer me an epidural |
| <input type="checkbox"/> Intermittent monitoring if low risk (ACOG Standards) | <input type="checkbox"/> Ask me how I am coping with managing pain |
| <input type="checkbox"/> Nipple stimulation | <input type="checkbox"/> Prefer no episiotomy, would prefer to tear naturally |
| <input type="radio"/> Manual | <input type="checkbox"/> Rice sock for comfort <i>(bring your own)</i> |
| <input type="radio"/> With breast pump | <input type="checkbox"/> Saline lock only <i>(no running IVs unless medically necessary)</i> |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Spontaneous bearing down |
| <input type="checkbox"/> Offer pushing position options | <input type="checkbox"/> Begin labor on my own |
| <input type="checkbox"/> Pain medication offered if I'm uncomfortable | <input type="checkbox"/> Warm compresses while pushing |
| <input type="checkbox"/> Pitocin | |
| <input type="radio"/> Augmentation | |
| <input type="radio"/> Induction | |
| <input type="radio"/> After delivery to prevent increased bleeding | |
| <input type="checkbox"/> Please do not offer me pain control options – I will ask if I need it | |

In the event a Cesarean birth should occur, I would like:

- ☐ Clear C-section drape

Name of person in attendance

Visitors (up to five) I would like present during labor and delivery:

1. _____
2. _____
3. _____
4. _____
5. _____

Other *(Please describe)* _____

☐ I have attended childbirth education classes.

☐ I did not attend childbirth education classes.

BABY CARE

- | | | |
|--|---|---|
| <input type="checkbox"/> Breastfeed <input type="checkbox"/> Bottle feed | <input type="checkbox"/> Immediate skin-to-skin in delivery room or operating room, if mom and infant medically stable. | <input type="checkbox"/> Would like my partner to remain with my baby when my baby is not with me |
| <input type="radio"/> Combination of both | | |
| <input type="checkbox"/> Circumcision | <input type="checkbox"/> May use pacifier <i>(bring your own)</i> | <input type="checkbox"/> Would like to have my partner cut the cord if possible |
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> No pacifier or artificial nipples unless medically indicated | |
| <input type="checkbox"/> Give recommended infant medications | <input type="checkbox"/> Participate in baby's first bath | |
| <input type="radio"/> Hepatitis B <input type="radio"/> Vitamin K | | |
| <input type="radio"/> E-mycin ointment | | |

I understand that this plan may be altered due to changes in my condition or the condition of my baby.

I agree to have my MD/Midwife and Pediatrician sign my birth plan to indicate their agreement with my plan.

Signature of Mother

Signature of Father

Signature of Mother's MD/Midwife

Signature of Pediatrician *(Not Required)*