

# Birth Plan Preference List

Date:

Name:

Reviewed with:

The following issues are often of concern to expectant families. Please begin to think about these issues, fill out this form, and bring it back to the office to review with your care provider.

- 1) All babies are monitored externally on admission to Labor and Delivery for 20-30 minutes. If this monitoring period does not indicate any problems, you may choose to be monitored intermittently, unless continuous monitoring becomes medically necessary.

Comments:

- 2) Intravenous fluids may be necessary because of dehydration from vomiting, a long labor, to administer medication, or for emergency purposes with a postpartum hemorrhage. We recommend laboring with an IV, which may be disconnected from the IV fluid.

Comments:

- 3) Pain medication / anesthesia is available if you desire. Please read the “Pain During Childbirth” and “Epidural Anesthesia” handouts. Let us know your choice.

Comments:

- 4) What kind of labor support and comfort measures do you prefer?

Comments:

- 5) We urge you to consider breastfeeding your baby and to attend the Breastfeeding Feeding Class. The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months and continued breastfeeding with appropriate complimentary foods for 2 years and beyond as desired by the breastfeeding person and their baby.

If you prefer to bottle feed, we support your preference.

Comments:

6) Please read the handout “Circumcision”. Circumcision is usually done the morning before leaving the hospital.

Preference:  Yes  No

7) Now is the time to think about options for family planning. Please read the “Birth Control Methods” handout. If you are considering a tubal ligation (permanent birth control) and you have Medicaid/Centennial insurance, your consent form must be signed 30 days before your due date.

Comments:

8) Who will provide the following kinds of support:

Ride to the hospital:

Support during labor:

Ride home from the hospital:

Care of other children (if applicable):

9) Do you have religious, cultural, or spiritual needs that we should know about?

Comments:

10) Do you have any other requests?

***Our intentions are to honor your requests. In some situations, the health of you or your baby may necessitate changes in your birth plan.***