Your Birth Plan
Baptist Health Maternity Care

Personal information	**Insert your personal details and preferences below:**
Your name:	
Your due date:	
Name of your doctor:	
Name of your baby's doctor (pediatrician):	
Your primary labor support person:	
Your labor coach and/or doula (a labor coach hired by you):	
Pain relief and preferences during labor: Please check all options you are interested in during labor.	❒ *Walking (Some doctors do not allow you to walk after your water is broken.) _____MD initials ❒ Dim lights ❒ Birthing ball ❒ Music (please bring your own) ❒ Water therapy (shower) ❒ Wear your own gown (must be open in the back) ❒ Intravenous medication ❒ Epidural ❒ Nitrous oxide (only available at certain location(s)) ❒ Please do not offer medication or epidural to me in labor
Have you attended (or plan to attend) Lamaze or Bradley classes for breathing and relaxation exercises for labor?	❒ Yes ❒ No
To monitor your baby during labor, a fetal monitor is placed around your abdomen. If your doctor approves, you may have the monitors off for short periods of time.	❒ I prefer continuous monitoring. (This is standard practice for most patients and is required if labor is induced.) ❒ *I prefer intermittent monitoring. (This requires MD order.) _____MD initials
During labor, you may receive an IV (intravenous line) to deliver needed medications or fluids. Your doctor can order your IV line disconnected for short periods of time (called a saline lock).	❒ I prefer a continuously infusing IV. ❒ *I prefer a saline lock only (This requires MD order.) _____MD initials
Do you want a mirror for pushing and/or delivery?	❒ Yes ❒ No
What is your preference regarding an episiotomy?	❒ I would like my MD to allow natural stretching. I am aware there is a possibility that the skin and tissue might tear. ❒ I want my MD to cut an episiotomy, if needed.

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Would you like your support person to cut the umbilical cord?	❒ Yes ❒ No
Do you want the baby to go to kangaroo care immediately after the delivery? This means we will place the baby on your chest for skin-to-skin bonding.	❒ Yes ❒ No
How do you plan on feeding your baby while you are in the hospital?	❒ Breast ❒ Bottle
Can we give your baby a pacifier?	❒ Yes ❒ No
Please note any other requests or birth goals we can help you achieve during your labor and delivery.	

Food and drink during labor: You may only have ice chips or popsicles during labor. This is for your safety, so that we can provide you a higher level of care, such as surgery, at a moment's notice.

Visitors during labor and delivery: ~~During your labor and delivery, you are allowed three visitors at a time in your room, including your primary support person.~~ We provide guidelines for visitation during your labor and delivery that our staff will share with you prior to your delivery. This practice helps us protect you and your family while respecting other patients experiencing the birth of a new baby. ~~For everyone's privacy, we kindly ask all visitors not in your L&D room to wait in our waiting room.~~

Newborn care: Standard care of newborns typically includes eye ointment within one hour of birth, a vitamin K injection (used to prevent bleeding from vitamin K deficiency) and an injection of the hepatitis B vaccine. If you have questions regarding any of these medical interventions, please discuss them with your pediatrician prior to delivery.

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

Signature of mother_____

Signature of mother's doctor_____

We look forward to seeing you and your new baby!

Sincerely,
Baptist Health Maternity Care Staff

If you have any questions when completing this birth plan, please call your local Baptist birthing center and ask to speak to a labor and delivery nurse.

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Any item with an (*) should be discussed with your local provider during one of your prenatal visits.