

# Divine Savior Healthcare Birth Plan

We encourage you to print this form and write down your wishes and desires for the birth of your baby. Please discuss these goals with your physician to ensure that your medical needs can be met with this plan.

How do you feel about inductions if you are past your due date? \_\_\_\_\_

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Who do you want with you during the process of labor? \_\_\_\_\_

\_\_\_\_\_

Who do you want allowed in the delivery room? \_\_\_\_\_

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What kind of pain management techniques would you like to consider in early labor? \_\_\_\_\_

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What would you like your pain managed as labor progresses? \_\_\_\_\_

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How do you feel about medical intervention during labor (not in an emergency situation) such as "breaking your water," Pitocin, episiotomy, etc.? \_\_\_\_\_

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Do you have a preference on how long you would like to labor before interventions are suggested to you? \_\_\_\_\_

\_\_\_\_\_

What about the birth process is the most important to you? \_\_\_\_\_

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\_\_\_\_\_

What are your concerns or fears? \_\_\_\_\_

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How do you plan on feeding your baby? \_\_\_\_\_

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Is there any information we can give you to help aid in this choice? \_\_\_\_\_

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Would you like information on Divine Savior Healthcare's breast pump rental service, our breastfeeding support group, lactation consultants or breastfeeding workshops? \_\_\_\_\_

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Is there anything specific we need to know for immediately following the birth? \_\_\_\_\_

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Are there any religious or cultural preferences that you would like us to know? \_\_\_\_\_  
\_\_\_\_\_

What topics would you like more information provided on? (check all that apply)

- |                          |                              |                          |                   |
|--------------------------|------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | vaginal birth after cesarean | <input type="checkbox"/> | breastfeeding     |
| <input type="checkbox"/> | pain medications             | <input type="checkbox"/> | induction methods |
| <input type="checkbox"/> | childbirth classes           | <input type="checkbox"/> | _____             |

Questions you have for your physician:

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