

Date:

BIRTH PLAN

At Black River Memorial Hospital, we believe in family-centered care. We want to offer you and your baby safe options for delivery. These options and any special requests will be discussed at your pre-delivery visit.

Please fill out the birth plan below. As you think about your birth plan, try to keep it flexible. Sometimes delivery and postpartum needs don't go as expected and you may need to make changes. The nurses are always available to help you in meeting your needs.

Mother's Name _____ Mother's Date of Birth _____

Mother's Phone # _____ Doctor _____

It is recommended that all families prepare for childbirth by attending a prenatal or childbirth education class.

What are your plans?

- Yes, plan to attend
 Do not plan to attend
 I attended with previous pregnancy
 I need more information about these classes.

LABOR PLAN

In most cases it is okay to stay in the comfort of your own home during early labor. Drink plenty of fluids, rest, go for walks and use distractions during this time of anticipation. Call the OB Department with any questions and before you come in.

Changing positions and emptying your bladder can enhance the labor process and may speed things up. Lying on your back or staying in one position for long periods of time should be avoided.

Below are some suggestions for activity and position changes during labor. Please choose those you want to try:

- Walk during labor
 Birth Ball
 Squatting
 Peanut ball
 Leaning forward over bed
 Birth stool or chair

How would you like us to assist you with your pain management needs?

Anesthesia/Pain Medication:

- Offer IV pain medication as soon as possible
 Offer IV pain medication if I am uncomfortable
 Offer IV pain medications only if I ask
 Intrathecal (Spinal)
 Epidural
 Other: _____

Non-Medicinal Pain Relief:

- Acupressure
 Hot/Cold compress
 Massage
 Bath/Shower
 Music
 Dim lights/Quiet environment
 Aromatherapy
 Breathing
 Other: _____

Mother's Name _____

Date of Birth _____

DELIVERY

There are several positions that can be used during the pushing phase of labor. Please check all those you may want to try:

- Hands and knees Lying on your side Birth stool
 Squatting Sitting Other: _____

When my baby is born:

- My support person will cut the cord. Yes No
Place baby on my stomach or chest if all is well. Yes No

AFTER THE BIRTH OF YOUR BABY

As you provide care, love and security for your infant, we would like to offer our assistance in a way that you and your family find helpful. At Black River Memorial Hospital it is usual to have your baby with you as much as possible. Even if your baby requires special cares or observations that can only be done in the nursery, every attempt is made to give you and your baby time together as much as possible.

How do you plan on feeding your baby?

- Exclusive breast milk Breast milk and formula Exclusive formula Other

If breastfeeding, do you: Need breast pump Have breast pump

To help us plan for your hospital stay, please let us know if you plan for any procedures or have special needs.

Circumcision	Tubal Ligation	Baby for Adoption	Surrogate Pregnancy	Own a Car Seat
<input type="checkbox"/> None	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Before going home	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> After we get home				

Patient Requests (check all that apply):

- No bottles to baby No student doctors No staff that is a student No pacifiers
 No male staff in room unless in an emergency No separation from baby
 I would like to stay in Room 2304; queen bed (if available)

CESAREAN SECTION – Planned or Unplanned

If you need a C-section, one support person may be present in the operating room with you. You will be taken to the operating room and all preparations will be completed before your support person is brought to the room.

If you have an unplanned C-section, do you want your support person in the operating room? Yes No

Who do you plan to have with you in the operating room? _____

Would you or your support person like to do skin-to-skin with your baby in the operating room if possible? Yes No

If you previously had a C-section, how were your pain management needs met? _____

How can we make this experience excellent for you? _____

Please complete this form and bring it with you to your pre-delivery appointment.

If you have questions or concerns, please contact the hospital's OB Department at **715-284-1329**, call your doctor or visit www.maternitywise.org for general information on maternity care.