



birth plan

HSHS St. Joseph's Hospital Women and Infants Center

Name: _____

Doctor: _____

Baby's Pediatrician: _____

My Coach Will Be: _____

Other Support People Will Be: _____



Whenever possible we will try to follow your birth plan, however circumstances may arise in regards to the safety of you or your baby in which your birth plan may not be followed.

During Labor I would like... (select any that apply)

- to remain mobile
- to have low level lighting in the room
- to use various positions
- to listen to music (personal MP3 players welcome)
- to shower/bathe
- to use the labor ball
- limited visitors (specify) _____

My choices regarding pain relief during labor...

- IV pain medication
- epidural analgesia
- non-medical interventions (relaxation, shower, repositioning)
- please offer pain relief options only if I ask
- please offer pain relief options if I appear uncomfortable
- please offer pain relief options as soon as possible



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Vaginal delivery options...

- my partner to cut the cord
- the baby on my stomach after delivery
- the following people present _____

In the event of a C-section I would like...

- my partner in the delivery room
- my partner to hold the baby in the delivery room

After delivery I would like to...

- breastfeed immediately
- have my baby in my room
- visitors only upon request

My feeding preferences are:

- breastfeed
- bottle feed
- pacifiers are o.k.

Please list any other desires you have for your stay here at HSHS St. Joseph's Hospital:
