

Birth Plan

| Name | |
|----------------------------|------|
| Due date | |
| Birth partner's name | |
| Your healthcare provider _ | |
| Your baby's doctor | |

Congratulations from your Northern Light Inland Hospital Birthing team!

As you look forward to your baby's birth, we invite you to complete this Birth Plan, which asks you to consider your personal choices in several areas. At our birthing center, we are focused on creating an extraordinary experience for you and your famly – this Birth Plan will help us work together to ensure the most personalized care possible.

As your due date approaches, please discuss your preferences with your partner and healthcare provider. You are invited to take a pre-delivery tour of the birthing center and our nurses are happy to review your Birth Plan with you at that time.

Keep in mind that a Birth Plan needs to be flexible because each birth experience has its own unique circumstances and your wishes may change as your labor progresses. We recommend you join our childbirth education class, offered one day each month to further prepare you for your labor of love at Northern Light Inland Hospital.

Relaxation Techniques

- ____ Music
- _____ Subdued lighting
- _____ Quiet atmosphere
- Sleep and/or rest
- ____ Deep breathing

Movement

- _____ Birthing ball
- ____ Walking
- _____ Standing/leaning
- _____ Sitting
- _____ Hands and knees

Family/support in labor

- One or two support people
- _____ Suggestions/verbal
- _____ Encouragement
- _____ Partner only

Pain Management

- ____ No medication
- _____ Medication offered at my request
- ____ Ice pack
- ____ Warmed blankets
- ____ Warm shower/Jacuzzi tub
 - _____ Warm perineal compresses
- _____ Epidural

| Umbilical cord to be cut by | Newborn Care | |
|---|---|--|
| Doctor | Skin to skin mother-baby contact | |
| Birth partner | Breastfeeding as soon as possible | |
| | Mother-baby rooming in | |
| Circumcision | Baby bath demonstration | |
| Desired (check coverage with your insurance | | |
| company. Payment plan needs to be established prior | Infant Feeding | |
| to delivery.) | Breastfeeding | |
| Not desired | Bottle feeding | |
| | Pacifiers | |
| Visitors Desired | | |
| Siblings | Do you have any disabilities or special needs | |
| Grandparents | that require accommodations? | |
| Family members | | |
| Others | | |
| Discharge Plan | Do you plan to attend childbirth classes? | |
| Educational videos | yes no | |
| Early discharge | yes no | |
| Paternity papers | Is there anything else you would like us to know? | |
| | | |
| | | |

Best wishes for a beautiful birth experience! If you have questions about completing your Birth Plan, please call us for assistance, 861.3100 or toll-free, 800.967.0087.