



# birth plan

## HSHS Sacred Heart 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
- to use the birthing hammock
- to use the labor/birthing tub
- limited visitors (specify) \_\_\_\_\_

### My choices regarding pain relief during labor...

- IV pain medication
- epidural analgesia
- non-medical interventions (relaxation, shower, tub 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

Please list any other desires you have for your stay here at HSHS Sacred Heart Hospital:

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