



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 to... (select any that apply)

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

My choices regarding pain relief during labor...

- non-medical interventions (relaxation, shower, repositioning)
- nitrous oxide
- IV pain medication
- epidural analgesia

- please offer pain relief options only if I ask
- offer pain relief options if I appear uncomfortable
- offer pain relief options as soon as possible



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Vaginal delivery options...

- my support person 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 support person in the operating room
- my support person to hold the baby in the operating 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:
