WOMEN FIRST

Maternity Care Birthing Plan



CHOOSING YOUR BIRTH PLAN

At Women First, we believe in helping you champion your own birthing experience so that it is all you've ever imagined it to be. Our birthing plan guide is designed to help you consider your preferences for the childbirth process. If you are interested in customizing your birthing options, please select your preferences on this form and bring them to your 36-week appointment to review with your physician. You will also need to bring a copy with you to the hospital to give to your labor and delivery nurse on the "big day"!

Baptist Health Louisville is an amazing place to deliver your new little one. The Baptist Health Labor & Delivery team places the highest emphasis on creating a SAFE and comfortable delivery experience for you, with rooming in, lactation consultants, high-risk pregnancy consultations, a Neonatal Intensive Care Unit (NICU), and very friendly staff!

Of course, situations may arise during labor and delivery in which your first preference may not be possible—to ensure your safety and that of your baby. If that should happen, we'll keep you informed of your new choices and work closely with you to achieve your birthing goals in a safe and nurturing delivery environment.

Once you've selected the options you'd like for your birthing experience, please save a copy for your records, bring a copy with you to Women First to review with your physician, and pack a copy in your "to-go" bag to be ready for your delivery date!



Healthy moms...and healthy babies...in all we do!

womenfirstlouisville.com **502.891.8788**



Please check all that apply...

LABOR

- ☐ I would like to be able to be mobile to help manage my labor—walking, moving about, and changing positions—even if only in the early stages.
- ☐ I would like to have intermittent fetal monitoring (your baby is monitored during labor by a fetal monitor placed around your abdomen).
- ☐ I would like a wireless monitoring system to allow me to be more mobile.
- ☐ I may be connected to an intravenous line (IV) during labor to receive needed medications or fluids; I prefer to not continuously receive intravenous fluids unless my physician determines it is medically necessary for my baby and me.
- ☐ I wish to limit visitors to my support person(s) and medical staff.
- ☐ I would like to wear my own gown (it must be open in the back).
- ☐ I prefer the lights be dim.
- ☐ I will bring my own aromatherapy to use during labor.
- ☐ I wish to use an exercise ball or peanut ball.
- ☐ I will bring my own music to the hospital.

PAIN RELIEF OPTIONS

- ☐ I prefer to NOT be offered pain medications; I will ask for them, if needed.
- Epidural
- Nitrous oxide
- ☐ Intravenous narcotic pain medication (I understand that, if it is too close to delivery, I may not be able to have IV pain medicine.)



womenfirstlouisville.com **502.891.8788**

DELIVERY

- ☐ I want a mirror during pushing so that I can view the birth.
- ☐ I would like to use foot pedals/support rather than stirrups.
- ☐ I want to use a squatting bar to aid in pushing.
- ☐ I am not concerned about pushing position.
- ☐ I do not want an episiotomy unless it is medically necessary.
- ☐ In the event I have a cesarean delivery, I would like to use a clear drape to see my baby being delivered.
- ☐ I would like immediate skin-to-skin contact with my baby as soon as possible (kangaroo care) after birth.
- ☐ I would like to delay cord clamping/cutting.
- ☐ I would like my birth partner to cut the umbilical cord after vaginal delivery.
- ☐ I want to store the cord blood. I understand I have to bring in the kit myself.
- ☐ I would like to breastfeed as soon as possible after delivery, while still in the labor room.
- ☐ If the baby goes to the nursery or requires medical care after delivery, I would like my partner to remain with the baby, if possible.

MY BABY'S CARE

- ☐ I do not want my baby to have a pacifier.
- ☐ I want my male infant circumcised.
- ☐ I want to formula feed.
- ☐ I wish to exclusively breastfeed; however, if it is medically necessary to supplement my milk, I would like to provide expressed breast milk before using formula.
- ☐ I would like to see a lactation consultant while in the hospital.
- ☐ I would like information on a lactation consultant to see after I leave the hospital.

OTHER

u	
	