Your Sky Ridge *Birth Plan*

At Sky Ridge Medical Center, our wish is to share in your joyous celebration! We look forward to participating in this amazing moment in your life and helping you welcome your new baby into the world. To support you during the birth of your child, we want to understand your expectations so that we may customize your stay to best meet your needs. Please discuss this plan with your provider prior to delivery. Knowing that the labor and delivery process can be unpredictable, we will work with you to consider other methods if we are unable to respect the wishes you have outlined.

We want your experience to be beyond expectations. Thank you for choosing our team to be part of your special day.

Full Name: _____ Due Date: _____

Partner's Name: _____ Sibling's Name(s): _____

Doctor's Name:_____ Doula's Name: _____

What would you like us to know about you and/or your support person? _____

_____

_____

What is your greatest hope and or greatest concern about labor and delivery? _____

_____

_____

THE LABOR EXPERIENCE

My labor support person is: _____

❑ I would like visitors during labor.

❑ Visitors may stay in the room during vaginal exams or procedures.

❑ I would like to walk as much as possible during labor.

❑ I am planning on using the following comfort measures during labor (e.g. breathing techniques, birth ball, etc.):

_____

I would like fetal monitoring to be:

❑ Continuous ❑ Intermittent

Pain relief during labor:

❑ I am planning to have an epidural.

❑ I am unsure if I will use pain medications during labor. I am open to learning about my options.

❑ Please DO NOT offer medications to me. I will request them if I feel they are needed.

Family attendance:

I would like to have my baby's sibling(s) present during:

❑ Labor ❑ Delivery ❑ Postpartum

****For your family's safety, we require siblings to have an adult other than the patient present to care for them at all times.****

THE BIRTH EXPERIENCE

During pushing and birth, I would:

- ❑ Push instinctively
- ❑ Use a mirror to view the birth
- ❑ Touch the head as soon as it crowns
- ❑ To have my partner or other support person cut the cord

Immediately after delivery, I would like to:

- ❑ Place my baby skin to skin as soon as possible after the birth
- ❑ Breastfeed my baby as soon as possible
- ❑ Privately bank the baby's cord blood (MUST be arranged prior to delivery)

If I should need a Cesarean Delivery, I would like _____ to be present.

BABY CARE

My baby's doctor is: _____

Feeding choices:

- ❑ Exclusively breastfeed my baby. DO NOT give my baby any supplemental feedings without my approval.
- ❑ Intend to breastfeed and understand that I may request formula for one or two feedings during my stay.
- ❑ Intend to exclusively formula feed my baby.

Procedures:

- ❑ "Rooming in" is requested. I would like a support person with newborn security band present when I not in our room.
- ❑ If a boy, I plan on circumcising my son.

Additional information you would like us to know: _____

_____

_____

_____

_____

_____

_____

_____