{customize} your birth plan

Print this form and discuss with your doctor before the big day.

Name: _____ Partner's Name: _____

Due Date or Induction Date: _____ Doctor's Name: _____

Planned Delivery Method: _____ Special Notes: _____
(Vaginal, C-section, induction, etc.) *(group B strep, gestational diabetes, etc.)*

Labor

☐ Names of family/friends I want in the room during the birth:

_____

_____

☐ Items I want to bring: *(music, yoga ball, etc.)*

_____

_____

☐ I want to have my labor photographed or filmed.

☐ I'd prefer to let my labor progress naturally.

☐ I would like to be offered Pitocin to speed up my labor.

☐ I plan on having an epidural.

☐ I would like to be offered pain medication as my labor progresses.

☐ I plan to use natural pain relief techniques without medication

☐ I'd like to try different delivery positions, if possible.

☐ I'd like to view my baby's birth, if possible.

☐ If I need a C-section, I would like:

_____

_____

After Delivery

☐ I want to hold my baby skin-to-skin immediately after delivery, if possible.

☐ I'd like my baby to be dried off before being brought to me.

☐ I'd like to delay clamping and cutting the umbilical cord.

☐ I'd like my partner to cut the umbilical cord.

☐ I plan to bank my baby's cord blood.

☐ I'd like to delay bathing and measuring for the first hour.

☐ I'd like for all evaluations to be done in the room with me.

☐ I plan to breastfeed.

☐ I'd like to meet with a lactation consultant.

☐ I plan to formula-feed.

☐ If my baby's a boy, I want him to be circumcised at the hospital.

☐ If my baby needs medical treatment, I'd like my partner to go along.

☐ If my baby is not well, I would like to go to the NICU with my baby, if possible.

Source: BabyCenter.com

TriStar Hendersonville MEDICAL CENTER