



St. Mary's Birthing Center My Birth Plan

What is a Birth Plan?

A birth plan is developed by the expecting parents to provide preferences for their birthing experience. St Mary's recognizes individualized care needs and we want to assist you in identifying some preferences for the birth of your child.

Advantages to a birthing plan include:

- A birth plan helps make you aware of available birthing options and hospital policies.
- The plan helps you prepare for questions to ask prior to your experience.

Can you change your mind?

You may change your mind at any time. Our nurses are here to assist you with a memorable birthing experience. They will provide you with safe choices for both you and baby.

Congratulations and thank you for choosing St Mary's Health Center as your health care provider!

Name _____

Support Person _____

Doctor _____

1. I plan to attend, or have already attended these classes during this pregnancy:

- o Breastfeeding class
- o Beginning Childbirth education
- o Sibling Class
- o Family and Friends CPR
- o Infant Message (offered after you deliver)

2. For comfort measures during labor I would like to use the following:

- o Walk in room or hall
- o Use the birthing ball
- o Use heat/cold massage
- o Use my own pillows
- o Have clear liquids
- o Use shower
- o Use squat bar
- o Sit in rocker
- o Other _____

3. For pain control, I plan to:

- o Use comfort measures as stated in question 2
- o Use no pain meds
- o Use IV medications
- o Use IV medications and/or epidural as needed

4. I would like to have these persons present during the birth of my child:

A. _____

B. _____

5. After birth, as long as the baby is stable, I would like to:

- o Place the baby skin to skin
- o Wrap the baby in blankets before holding
- o Breastfeed my baby within the first hour
- o Have my significant other cut the cord
- o Have his/her first bath in the room

6. If we have a boy, we would like him to be circumcised:

- o Yes
- o No

7. I would like my newborn to:

- o Stay in the room with me as long as he/she is stable
- o Have the option for my baby go to the nursery while I rest.

8. I plan to feed my baby:

- o Breastmilk
- o Formula

9. Other:

Physician Signature _____

Date _____

