



CHILDBIRTH PLAN

Thank you for choosing the Women's Health Center for your prenatal care. We are excited to be involved in the miracle that is childbirth.

We want to make sure that we understand your wishes and plans for your delivery. Childbirth is a special event, one that we want you to enjoy to its fullest potential. Please take a few minutes to fill out the following information so we can do our best to make this a personal experience.



ABOUT YOU

Is this the first time that you have given birth? Yes No

If no, how many births have you experienced? _____

Who is your primary care (family) doctor? _____

Who will be your baby's doctor (pediatrician)? _____

Who is your primary support person and what is their relation to you? _____

Have you and your support person taken any childbirth classes? Yes No

If so, where? _____ What method? _____

THE BIRTH

What are your thoughts regarding medication or pain management during labor?

Who would you like present in the labor room at the time of actual delivery? _____

If you plan a Cesarean birth, who will attend the surgery with you? _____



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DIETARY NEEDS

Do you have any food allergies or medical conditions regarding your diet that we should be aware of?

Do you have any special dietary requests while you are at the Family Birth Center? _____

Please note that it is your family's responsibility to notify friends and family members that your labor has begun. Your doctor and the nursing staff at Three Rivers Community hospital cannot do this for you. There are several phones available in the Family Birth Center for your use.

SPECIFIC INSTRUCTIONS

Do you have any specific instructions or wishes pertaining to the birth experience? ___ Yes ___ No

- Lighting levels: _____
- Music: _____
- Photography: _____
- Participation by support person: _____
- Presence of additional family members or friends: _____
- Newborn baby care: _____
- Other concerns or instructions: _____

FEEDING YOUR NEWBORN

Do you intend to ___ breastfeed or ___ formula-feed your newborn?

Please note that the Family Birth Center has a lactation consultant available should you have questions or need assistance in breastfeeding your newborn.



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Specific thoughts, concerns, questions, or instructions: _____

OTHER

Is there anything else we can do to enhance your experience? _____

PATIENT INFORMATION

Due Date: _____ Obstetrician/Midwife _____

Your Name: _____

Address: _____ Phone Number: _____

Signature: _____ Date: _____