

Family Birth Plan

Instructions:

Place a check mark next to the options you prefer. Once you have completed your birth plan, bring it to your prenatal appointment so you can discuss it with your doctor. Bring a copy with you when you come to the hospital so that your doctor and nurses can review it with you. Please realize that certain circumstances that arise unexpectedly during labor may limit the number and kinds of choices you have. It is our goal to honor your choices to the greatest possible extent.

Labor:

- _____ Being able to change positions freely in labor is important to me.
- _____ My support person and I plan to labor in a quiet environment with music, a limited number of visitors, and dimmed lights.
- _____ I prefer to have a saline lock (a plug for your IV needle) rather than an IV.
- _____ I would like the option of intermittent fetal monitoring.

Pain Management:

- _____ I plan to try breathing, position changes, warm showers or other relaxation techniques in labor.
- _____ I will ask for pain medicine if I need it.
- _____ I plan to have IV pain medicine (Fentanyl) during labor.
- _____ I would like to have an epidural.
- _____ I am considering an epidural or IV pain medication but will decide in labor.

Delivery:

- _____ I would like a mirror available to view my baby's birth.
- _____ I would prefer not to have an episiotomy unless my physician deems it necessary.
- _____ I would like to touch the baby's head as it crowns.
- _____ I would like to have ______ cut the baby's cord.
- _____ I would like to hold my baby skin to skin immediately after birth.
- _____ If a Cesarean delivery is necessary; my support person will be ______

After Delivery:

- _____ I would like to hold my baby during the administration of medications.
- _____ I, or my support person, would like to participate in the baby's first bath.
- _____ I plan to breastfeed my baby.
- _____ I would like additional information or assistance with breastfeeding.
- _____ If I have a boy, I plan to have him circumcised before discharge.

Patient's Signature _____

Date

Please use the back of this page to share any special requests. We are listening.

NORTHBAY™ HEALTHCARE 1200 B. Gale Wilson Blvd., Fairfield, CA 94533	Patient's Sticker	
Family Birth Plan		