



My birth plan

Name: _____ Partner's name: _____

Please discuss and review with the physician providing your prenatal care. Feel free to bring your plan with you to the hospital to share with your care team at the time of delivery.

Ideally, I would prefer to have my baby delivered:

- Vaginally
- By cesarean section
- Vaginally after previously having given birth by C-section

During labor

During labor, I would appreciate:

- Having my music being played
- A relaxing atmosphere
- As few interruptions as possible
- Having only my own doctors and nurses in the room rather than any medical students or interns
- Having my partner present the entire time
- The opportunity to walk about freely
- Being able to wear my own clothing
- Other _____

Fetal monitoring

During my labor, I would prefer that my baby be monitored:

- Continuously
- Intermittently
- Internally
- Externally

Pain relief

My preferred method of pain control or relief is:

- Acupressure
- Birthing ball
- Breathing
- Candle-less aromatherapy
- Epidural
- Hot and cold packs
- Hypnosis
- Massage therapy
- Meditation
- Narcotics
- Nothing
- Relaxation
- Repositioning
- Visualization
- Walking
- Whirlpool
- Other _____

Birth

To deliver my baby vaginally, I would like help to:

- Kneel/use squat bar Be on my hands and knees
- Lie on my left side Have leg support
- Limit staff to _____ people. We encourage you to limit the number of visitors present at birth.

As my baby is being born, I would prefer to:

- Allow baby to labor down Push as I feel the need
- Warm compresses to vaginal area Use a mirror to see my baby's head
- Touch the head as it crowns Avoid using forceps if possible
- Avoid vacuum extraction if possible Avoid episiotomy unless doctor deems necessary
- Have a signal word with staff Have my partner cut the umbilical cord
 in case I have an unwanted visitor

If I deliver my baby by cesarean, I prefer:

- My partner present
- To touch my baby as soon as possible
- My partner to hold baby as soon as possible
- Breastfeed in recovery room
- Family to see once in Mom and Baby Suite

Pictures/videotaping are allowed except at birth, immediately after birth and during stabilization of the baby.

Other notes: _____

After birth

After I deliver my baby, I would like:

- Place infant on chest immediately Hold and feed baby before bath or other routine assessment
- Bring my family in to see baby Footprints in baby book
- No bottle No pacifiers Bottle feed

Other notes: _____

If my baby is a boy, I would like him to be:

- Circumcised at the hospital Circumcised at doctor's office
- Circumcised after he is feeding well Not circumcised

Additional information

I've chosen Dr. _____ to be my baby's doctor.

Maternity pre-admission form

PLEASE FILL IN THIS FORM and return it as soon as possible to

Pre-registration
Via Christi Hospitals
P.O. Box 3870
Wichita, KS 67201

Expected due date: _____

My physician is: _____

Patient information

Patient's name: (last name, first name, middle initial)		Birth date: Mo. Day Year		Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Sep.	
Patient's address: (street, city, state)		ZIP code:	County patient resides in:		Home phone:
Race:	Ethnicity:		Religion:		Church preference:
Preferred language:		Social security no.:		Family size:	PCP/Family doctor:
Patient occupation:		Employer:	Employer's address:		Employer's phone:

Spouse or parent information:

Spouse, significant other or parent (if minor) name:		Relationship to patient:	Address: (street, city, state, ZIP)		Home phone:
Responsible person's social security no.:	Date of birth:	Spouse, significant other or parent occupation:	Spouse, significant other or parent employer:		Employer address:
Business phone/extension:		Hearing impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No		TDD Phone 316-689-5298	

Contact information:

First contact person:	Relationship:	Address: (street, city, state, ZIP)		Home phone:	Business phone:
Second contact person:	Relationship:	Address: (street, city, state, ZIP)		Home phone:	Business phone:

Insurance information:

Primary insurance please complete in full OR enclose a copy (front & back) of your insurance card.	Insurance company name:	Address:		City/state/ZIP:		Phone:
	Member/Policy #:	Group #:		Subscriber name:		Relationship to patient:
	Subscriber's date of birth:	Subscriber's SS#:		Subscriber's employer:		
	Employer address:		Employer city/state/ZIP:			Employer phone:
Second insurance please complete in full OR enclose a copy (front & back) of your insurance card.	Insurance company name:	Address:		City/state/ZIP:		Phone:
	Member/Policy #:	Group #:		Subscriber name:		Relationship to patient:
	Subscriber's date of birth:	Subscriber's SS#:		Subscriber's employer:		
	Employer address:		Employer city/state/ZIP:			Employer phone:

Signature of person completing this form: **X**

With all the changes in health care insurance these days, you may have some questions about your insurance coverage, pre-authorization requirements or our credit and collection policies.

Should you have any questions, feel free to call pre-registration at 316.719.3020.

Birth certificate information

In order to complete your baby's birth certificate, the Kansas Department of Health and Environment requires us to collect the following information.

Please complete this form, and mail to:
 Birth Registrar
 Via Christi NewLife Center
 3600 E. Harry St.
 Wichita, KS 67218

Mother's information:

Mother's present full name: (please print) _____
first middle last

Mother's maiden name: _____
first middle last

Date of birth: _____ State of birth: _____
month day year (if not in the USA, name of country)

Social Security number: _____

Ancestry: Cuban Mexican American Puerto Rican Vietnamese Other (specify): _____

Race: Native American Black White Other (specify): _____

Education: Specify highest grade completed. (Do not include business or trade schools.)

Elementary: _____ High School: _____ College: _____
(none, 1, 2, 3, 4, 5, 6, 7, 8) (9, 10, 11 or 12) (1, 2, 3, 4 or 5+)

Date last normal period began: _____ Is mother legally married? _____
month day year

Length of pregnancy when first prenatal visit was made to physician: _____
(weeks or months)

Current occupation or occupation during pregnancy: _____

Type of business or industry: (do not give name of company) _____

Father's information:

Father's full name: _____
first middle last (including Jr., II or III)

Date of birth: _____ State of birth: _____
month day year (if not in the USA, name of country)

Social Security number: _____

Ancestry: Cuban Mexican American Puerto Rican Vietnamese Other (specify): _____

Race: Native American Black White Other (specify): _____

Education: Specify highest grade completed. (Do not include business or trade schools.)

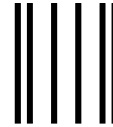
Elementary: _____ High School: _____ College: _____
(none, 1, 2, 3, 4, 5, 6, 7, 8) (9, 10, 11 or 12) (1, 2, 3, 4 or 5+)

Current or most recent occupation: _____

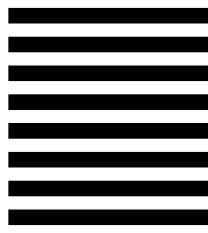
Type of business or industry: (do not give name of company) _____

Federal law now requires that children have Social Security numbers. A Social Security number can be automatically issued for your baby eight to 12 weeks after the state receives the birth certificate from the hospital. You may request automatic issuance of your baby's Social Security number when you are interviewed by the birth registrar.

If you have questions about filling out this form, please call the Birth Registrar's office at 689.5104.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3094 WICHITA KS

POSTAGE WILL BE PAID BY ADDRESSEE

BIRTH REGISTRAR
VIA CHRISTI NEWLIFE CENTER
3600 E HARRY ST
WICHITA KS 67218-9966



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