TELL US ABOUT YOUR IDEAL BIRTH EXPERIENCE

This document is a way for you and your partner to communicate your wishes to your doctor and the nurses at Lake Regional Family Birth Center. Bring this completed form to your doctor’s appointment so that you can review it together.

We will do our best to honor your plan. The safety of you and your baby are our top priority. It’s best to be flexible as you complete this plan. Consider it a list of preferences that may need to be adjusted as labor progresses.

My name: ____________________________
Doctor: ______________________________
Date completed: ______________________
Shared with doctor on: __________________

I would like the following people present in my private suite during labor: ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I would like the following people present in my private suite during delivery:
1. ____________________________
2. ____________________________

I want my delivery team to know: (Check all that apply.)
☐ Privacy is very important to me.
☐ I want the room quiet and relaxing.
☐ I enjoy humor and a fun environment.
☐ I want everything explained — always.
☐ I don’t have a strong preference; I want to go with the flow.
☐ Additional: ____________________________
_____________________________________________________________________________________

During labor I would like: (Check all that apply.)
☐ To bring my own music to play
☐ Dim lighting
☐ To walk the halls
☐ The room as quiet as possible
☐ As few interruptions as possible
☐ To wear my own clothes
☐ To stay hydrated with clear liquids and ice chips
☐ To be offered an epidural as soon as possible
☐ To be coached on when to push and for how long
☐ To be mainly coached by my partner
☐ To view the birth using a mirror
☐ To touch my baby’s head as it crowns
☐ Additional: ____________________________
_____________________________________________________________________________________

While in labor, my diet will be clear liquids. You should know that I will prefer:
☐ Water
☐ Ice chips
☐ Apple juice
☐ Sprite
☐ Jello __red __orange __green
☐ Broth __chicken __beef
☐ Tea __hot __cold

HELPFUL HINT
Keep a copy of this form in your hospital bag to share with your labor nurse.
For pain relief, I would like to try: (Check all that apply.)
- Aromatherapy
- Breathing techniques
- Distraction (shower, birthing ball, etc.)
- Massage
- IV medications
- Epidural
- Please don’t offer me pain medications unless I ask for them, including an epidural.
- Additional: ________________________________

If I need a Cesarean section, I would like:
(Check all that apply.)
- _______ to be with me during surgery
- Music played if approved by the surgeon
- The surgeon/surgery team to describe the surgery as it progresses
- The cord left long so my support person can cut the cord
- To hold my baby immediately after delivery
- To breastfeed during recovery
- The Family Birth Center staff to update my family
- My privacy: I will keep my family updated
- Additional: ________________________________

If I have a boy, a circumcision should:
- □ Not be performed during hospital stay
- □ Be performed
- Additional: ________________________________

Note: Check if your insurance covers circumcision; many insurance companies do not.

Regarding my baby: (Check all that apply.)
- □ Please give my baby a bath for me
- □ Have my partner or me give the first bath
- □ I’m planning to feed only breast milk
- □ I’m planning to feed only formula
- □ I want to breastfeed and would appreciate a lot of support
- □ I want to be consulted before my baby is given a bottle or pacifier
- □ Please keep my baby with me at all times
- □ I want the recommended vaccines given to my baby

Other requests: ________________________________

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