

Name _____

Due Date _____



Your Birth Plan at the First Touch Birth Center

Labor Support People name/relationship: _____

Have you had any childbirth preparation?

___ Childbirth Education Class ___ Lactation Class ___ Books ___ Videos
___ Doula (trained birth coach) ___ Request Doula Info ___ Info Given

Options for Non-Medical Comfort Measures (CD/iPod player is available)

- | | | |
|--|--|--|
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Rocking/Chair | <input type="checkbox"/> Position Changes |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Massage | <input type="checkbox"/> Heat/Cold Therapy |
| <input type="checkbox"/> Floor Mat | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Squatting Bar |
| <input type="checkbox"/> Birthing ball | <input type="checkbox"/> Music | <input type="checkbox"/> Dim Lights |

Comments: _____

Options for Medical Pain Relief:

___ I would like to discuss this further with a nurse
___ Prefer None ___ Undecided
___ Nubain ___ Epidural ___ Intrathecal ___ Other _____
___ Only if I ask for it ___ As soon as possible
___ Periodically remind me of my options

Comments: _____

Vaginal Delivery

___ My labor support person would like to cut the cord
___ I would like to be given the option of viewing my baby's birth by use of a mirror
___ Children present – Name _____ Age _____ Support Person _____

I would like my newborn placed:

___ Skin-to-skin on my abdomen ___ On warmed blankets on my abdomen

Comments/requests: _____



Your Baby Has Arrived

Baby's Last Name _____ **Baby MD/Clinic** _____

Male Circumcision? No Yes Undecided

___ I understand that my insurance may not cover circumcision and the typical cost is around \$ 400.00 total.

___ Please provide me with more information about circumcision

___ I/my partner would like to be present at the circumcision

Rooming-in

In order to learn your baby's feeding cues, we encourage you to "room-in" with your baby as much as possible. Feel free to call the nurse to help with feeds/changing.

___ I would like my baby to room-in with me.

___ I would like the baby to be in the nursery as I request

___ Undecided

Feeding the Baby

I plan to:

___ Breastfeed

___ This is my first time I plan to nurse for ___ months

___ I am experienced Need help with _____

Supplements are only given if medically indicated or requested by mom.

If given, dropper or cup method recommended.

___ Bottlefeed ___ I will need advice on feeding ___ Mixing

___ Similac (WIC) ___ Enfamil ___ Good Start

Pacifier preference: ___ Please do not offer a pacifier ___ Talk w/me before offering

___ I am OK with pacifiers

Parenting Education Options _____ None Needed

Infant Temp

Baby Basics Video

Cord Care

Breastfeeding Video

Diapering

CPR/First Aid Video

Bath demo

Car Seat Safety Video

My requests/concerns: _____

Thank you for preparing your birth plan. We will strive to make this a most memorable experience for you and your family. We would like to review your Birth Plan with you and give you a tour of your baby's future birth place. In your last month of pregnancy, please call (507) 646-1205 to schedule.

- The Staff of the First Touch Birth Center, Northfield