

In your last month of pregnancy, please call the Birth Center to schedule a tour and Birth Plan review: (507) 646-1205. Feel free to write in your preferences and questions so we can get to know each other and optimize your birth experience.

--The Staff of the Birth Center

During your tour, a nurse will review:

- When to call/come to OB Delivery Expectations Newborn Security Monitoring/Labor routine
 Visitation/Postpartum Care Cesarean Birth Discharge/Carseat

Name: _____ Labor Support Person: _____

Your Due Date: _____ Your OB Provider: _____

Your Baby's Last Name: _____

While your baby is in the hospital, your baby will be seen by a provider from one of these two clinics.

Please choose one. *Women's Health Clinic providers do not provide care for newborns after delivery.*

- Northfield Hospital + Clinics: Northfield, Lakeville, Farmington, Lonsdale.
 Allina Clinic: Northfield, Farmington.
 Other: (Name, Clinic and Phone number) _____

I have learned about childbirth through:

- Family/Friends Websites Books
 Childbirth Education Class Lactation Class Doula (trained birth coach)

Comfort Measures available:

- Each of our labor rooms has a rocking chair and a whirlpool tub with shower/chair. Other comfort measures available include: Birthing ball, dim lighting, heat/cold therapy, aromatherapy, kneeling/rocking on floor mat, squatting bar, wearing your own clothing if desired.
- You may want to bring your own pillow, music, lip moisturizer.

Options for Medical Pain Relief: Prefer None Undecided Please review options

- Fentanyl (IV pain medication) Epidural Intrathecal Nitrous Oxide
 Only if I ask for it As soon as possible Periodically remind me of my options

I would like: My labor support person to cut the cord Use of a mirror to view the birth

Older children present. Name: _____ Age: _____

Support person for older children: _____ (This person must be available to children at all times)

**Video recording is only allowed after delivery of the baby, per NH+C policy.*

I need my caregivers to know: _____

Tdap vaccine (tetanus, diphtheria, and pertussis) is recommended for new parents to help prevent them from getting pertussis (whooping cough), a bad lung infection, as well as prevent transmission of pertussis to the newborn. If you have not had the Tdap vaccine as an adult, you can receive it before going home from the Birth Center.

- Decline the vaccine I would like the vaccine I had in the clinic _____



The Golden Hour:

Once the baby is delivered, the provider will place the baby on a warm blanket on your abdomen. We will dry him/her off a little to stimulate breathing. We can help you place the baby skin to skin right away to help the baby stay warmer and calm as he/she adjusts to life outside the womb. We encourage this time of feeding and bonding to be for you and your significant other. Only visitors who are invited by you will be allowed in the room. After 1-2 hours, we will weigh/measure the baby, do footprints etc., then move you all to your preferred postpartum room as available.

Queen Size Bed (head and feet go up/down, Support person sleeps in same bed)

Hospital Bed (required for Cesarean delivery, fold down chair in room for partner to stay)

* We can accommodate up to one family member, must be an adult (18 years or older), to stay overnight with you. Children cannot stay overnight.

Hepatitis B Vaccine for Newborn: Yes No

(Please review "What You Need to Know" MN Dept of Health recommendations on our website www.northfieldhospital.org.)

Rooming In:

In order to learn your baby's feeding cues, we encourage you to "room-in" with your baby. Studies show that new moms actually sleep better with the baby in the room. Newborn safe sleep will be encouraged with baby on his/her back in the bassinet.

Typical length of stay is 1-2 nights for a vaginal delivery; 2-3 nights for a cesarean.

I plan to stay: 1 night 2 nights 3 nights Unsure

Feeding the baby: I plan to:

Breastfeed: This is my first time. I have experience breastfeeding

I plan to nurse for _____ months.

I would like help with: _____

Bottle Feed: Similac (WIC) Enfamil **Instruct me on:** Feeding Mixing

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

Pacifier preference: Yes No (You may bring your own). If you are breastfeeding, we encourage you to wait to use a pacifier until your milk is in. Frequent nursing is normal.

Jaundice: Did you, your children, or the baby's father have yellow jaundice as a newborn requiring phototherapy (special lights over the baby within a few days of birth)? Yes No

Male Circumcision: Medicaid and some insurance companies will not cover circumcision costs. It is typically done within 1-2 weeks of age in the clinic. Please check with your insurance to see if this procedure is covered.

Yes No Undecided Please provide me with more information

I/my partner would like to be present for the circumcision.

Parent education: We are pleased to offer the "Newborn Channel" for you to view on your home computer anytime or on channel 99 during your hospital stay. You can see the latest in baby care, breastfeeding, mom/baby yoga, and healthy mom information www.newbornchannelnow.org. Use the Birth Center password: 40111

Please show me how to do: Infant Temp Cord Care Diapering Bath Demo None

Car seat: All babies must be discharged from the hospital in a carseat. We encourage parents to check the expiration of the seat, read the seats manual and install prior to discharge. OB staff are not able to install seats into your vehicle.

A free public health nurse home visit is offered in most counties. (If you live in Dakota County, we can check to see if you qualify for a home health visit.) This nurse would call you the week you are discharged and arrange a visit. They weigh your baby, answer questions on mom and baby care, give feeding/parenting advice and advise on local resources.

I am interested in a public health nurse home visit. Yes No The county I live in. _____



B I R T H P L A N

Your Health History

Allergies: None Latex Food Medications/Reactions

Medications: _____

Food: _____

Special Diet: _____

Routine Prescribed Medications/Dose/Frequency: _____

Past Surgeries/Year _____

Medical Conditions _____

- Chronic pain not related to your pregnancy: _____ No Yes
- Asthma No Yes
- Diabetic Gestational Type I Type II No Yes
- Positive for "Resistant Organisms" like MRSA or VRE No Yes
- Caffeine Use Amount (per day) _____ No Yes
- Alcohol during Pregnancy (amt/day) _____ No Yes
- Use of Street Drugs/Inhalants-Type/months using _____ No Yes
- Are you an organ donor? No Yes
- Do you have a health care directive (a "Living Will")? No Yes
If yes, Location _____
- Would you like information on a health care directive? No Yes
- Do you have any current concerns of abuse or your personal safety? No Yes
- Do you have any problems with learning? No Yes
Type: Communication Reading Memory Motivation
- How do you learn best? Explanation Video Reading Hands-on
- Do you have any religious or cultural needs we can help you with?
Comments: _____ No Yes
- Are your basic needs (housing, clothing food, etc.) being met? No Yes
- Do you have unusual stress in your life (living or working conditions, serious illnesses or a recent family death, etc?) No Yes
- Do you have a support person when home from the hospital? No Yes
 Significant Other Family Friends Other

Last Menstrual Period ___/___/___ unknown

Number of living children (not including this one) _____ Date of last live birth ___/___/___ Number of children who died after birth _____

Number of Ectopic, Miscarriage, Stillbirth, Abortion _____ Date last occurred ___/___/___

With this pregnancy have you had: Infertility meds/procedure

Steroids for lung maturity Amniocentesis Preterm labor meds None

