{customize} your birth plan

Print this form and discuss with your doctor before the big day.

Name:	_ Partner's Name:
Due Date or Induction Date:	_ Doctor's Name:
Planned Delivery Method:	_ Special Notes:
(Vaginal, C-section, induction, etc.) (group B strep, gestational diabetes, etc.)
Labor	
 Names of family/friends I want in the room during the birth: 	\Box I plan on having an epidural.
	I would like to be offered pain medication as my labor progresses.
□ Items I want to bring: (music, yoga ball, etc.)	I plan to use natural pain relief techniques without medication
	\Box I'd like to try different delivery positions, if possible.
	\Box I'd like to view my baby's birth, if possible.
\Box I want to have my labor photographed or filmed.	\Box If I need a C-section, I would like:
\Box I'd prefer to let my labor progress naturally.	
□ I would like to be offered Pitocin to speed up my labor.	
After Delivery	
□ I want to hold my baby skin-to-skin immediately after delivery, if possible.	□ I plan to breastfeed.
	\Box I'd like to meet with a lactation consultant.
□ I'd like my baby to be dried off before being brought to me.	🗆 I plan to formula-feed.
I'd like to delay clamping and cutting the umbilical cord.	If my baby's a boy, I want him to be circumcised at the hospital.
\Box I'd like my partner to cut the umbilical cord.	If my baby needs medical treatment, I'd like my partner to go along.
\Box I plan to bank my baby's cord blood.	 If my baby is not well, I would like to go to the NICU with my baby, if possible.
I'd like to delay bathing and measuring for the first hour.	
□ I'd like for all evaluations to be done in the room with me.	

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