

My Personalized Birth Plan

Name: _____

Date of Birth: _____ Due Date: _____

OB Physician: _____ Baby's Physician: _____

At Riverside Healthcare, our team is dedicated to providing the best care for you and your baby throughout pregnancy and delivery. We understand that "best care" is unique to each family, so we encourage creating a personalized birth plan to discuss your wishes with your OB provider and support person before your due date.

Keep in mind that while a birth plan helps guide your ideal experience, unexpected changes may occur. Your safety and your baby's are our top priorities, so flexibility is key.

Once your birth plan is complete, bring it to your next prenatal visit and a copy with you for delivery.

For more information on completing your personalized birth plan and for what to expect when delivering at Riverside's Family Birthing Center refer to "Your Guide to Creating Your Personalized Birth Plan."

Labor:

- I prefer to allow labor to begin on its own
- I would consider induction of labor if applicable
- I prefer to allow my bag of water to break on its own
- I would like my care provider to break my bag of water if needed
- I prefer as few cervical exams as possible
- I prefer to check dilation regularly so I know how labor is progressing
- I would like to be able to drink fluids during labor
- I would like to discuss delivery options after a previous cesarean section with my OB provider

Labor Support Person(s): _____

*Limit of 2-3 support persons while in labor and delivery. Doulas are welcome as one of your support persons.

*Only one support person allowed in operating room for cesarean birth

*No children under the age of 18 permitted in the Labor and Delivery Rooms

Pain Management:

- I prefer natural childbirth (no pain medications or epidural)
- I would like to use IV pain medication
- I would like an epidural

I would like to try the following comfort measures:

- Birthing Ball
- Peanut Ball
- Squat Bar
- Warm shower

Vaginal Birth:

- I prefer to avoid an episiotomy unless it is necessary
- I would like delayed cord clamping
- I would like my support person to cut the baby's cord
- I would like my baby placed on my chest right after birth for skin to skin

Cesarean Birth:

- I would like _____ to be in the operating room with me. (limit 1 person)
- I would like the drape lowered so I can see my baby right after delivery
- I would like delayed cord clamping
- I would like my support person to hold the baby after delivery if I am not able to
- I would like my support person to stay with me while I am in the operating room
- I would like my support person to go with baby to the nursery

Placenta and Cord Blood:

- I plan to keep my placenta for my own private use
- I have made prior arrangements to privately store my cord blood

Newborn Care:**Feeding**

- Breastfeeding exclusively
- Formula feeding exclusively
- Combine breastfeeding and formula feeding
- Pumping and feeding breastmilk by bottle
- If my baby requires supplementation, I am interested in feeding methods other than a bottle.

It's OK to offer my baby

- Pacifier
- Sugar water
- Formula
- None of the above

Testing, Procedures and Medications

- I plan to do all routine hospital tests, medications and procedures with my baby.
- I would like to discuss the risks and benefits before administration of:
 - o Vitamin K injection
 - o Erythromycin eye ointment
 - o Hepatitis B vaccination
- I would like to delay the baby's first bath for _____ hours
- I am planning on a circumcision if I have a boy.
- I am NOT planning on a circumcision if I have a boy.

Special Considerations:
