

Birth Plan for CHI Health Hospitals

Please review your requests below with your provider prior to your hospital stay.

ENVIRONMENT

- Dim Lights
- Music (provided by the patient)
- Television
- Visitors (at the discretion of the nurse and provider)

HYDRATION

- Clear fluids (Ice chips, Water, Jell-O, popsicles, etc)
- Heparin/Saline lock (this is to provide access to a vein should an emergency occur or need to administer medications)
- IV (Required for medications, medical indications and if your provider orders it)

MONITORING

- Intermittent Monitoring (unless you are on a medication that requires continuous monitoring or if you or your baby have certain medical conditions)
- Continuous Monitoring

PAIN RELIEF OPTIONS

- Only if I ask
- Offer if I appear uncomfortable
- Offer as soon as possible

PAIN RELIEF OPTIONS—Check any you would like to use

| | | |
|---|---|--|
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Heat or Cold therapy | <input type="checkbox"/> Position changes |
| <input type="checkbox"/> Positioning | <input type="checkbox"/> Breathing methods | <input type="checkbox"/> IV Medications (Stadol or Fentanyl) |
| <input type="checkbox"/> Water --Shower | <input type="checkbox"/> Water --tub | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Mobility –walking around | |

PUSHING (This will depend on if you are medicated as well as other factors going on with your labor)

- Choice of positions
- Directed pushing (being told when to push)
- Squat/Birthing bar

PERINEAL CARE –Please talk to your provider ahead of time about this. Some women prefer to avoid an episiotomy, even if it looks like they will tear, while others would prefer to have an episiotomy.

- Prefer no episiotomy
- Prefer to tear naturally

BABY CARE—If infant and mother are stable, infant will go skin to skin with mom right after birth and begin the Sacred Hour. Infant will be rooming in with you, unless a procedure or exam needs to be completed.

CORD CUTTING

- Immediate
- Delayed if possible (wait until cord stops pulsating)
- Partner would like to cut cord

FEEDING BABY- while in the hospital

- Breastfeeding only
- Bottle feeding only
- Combination of breast and bottle feeding
- No pacifiers

CIRCUMCISION

- Yes
- No

Parent Signature: _____