

## Birth Plan

Use the form to list your preferences for labor and delivery. Make sure to discuss this plan with your physician during a prenatal visit. We look forward to caring for you and your baby at The Baptist Lagrange George and Beverly Rawlings Women's Center!

Personal Information	Complete Information on this side
Name	
Due Date	
Name of your Doctor	
Name of your baby's doctor (pediatrician/family practice physician)	
Primary labor support person	
Your labor coach/doula (a labor coach hired by the patient)	
Pain relief and preferences during labor (Please check all that you are interested in receiving during labor.)	<input type="checkbox"/> Walking (if labor status and progress allows) <input type="checkbox"/> Dim Lights <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Music (please bring your own) <input type="checkbox"/> Water therapy (shower) <input type="checkbox"/> Wear your own gown (must be open in back) <input type="checkbox"/> Intravenous medication <input type="checkbox"/> Epidural <input type="checkbox"/> Nitrous oxide <input type="checkbox"/> Please do not offer medication or epidural to me in labor
Have you attended/plan to attend Lamaze or Bradley classes to prepare for labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want a mirror for pushing/delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like your support person to cut the umbilical cord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you plan to feed your baby while you are in the hospital?	<input type="checkbox"/> Breast <input type="checkbox"/> Bottle
I want my baby to have a pacifier.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note any other requests or birth goals we can help you achieve during your labor and delivery.	

By law, the state of Kentucky requires all newborns to receive eye ointment within 1 hour of birth and a Vitamin K injection. We will offer the Hepatitis B vaccine to your newborn. Talk with your pediatrician about when is the best time to start the Hepatitis B vaccine.

I understand that this plan might change due to changes in my condition or the baby's condition.

Signature of Mother \_\_\_\_\_

Signature of Mother's doctor \_\_\_\_\_