

**Baptist Health Lexington**

**Birth and Newborn Care Preferences**

It is our honor to care for your family during this exciting time. We respect your preferences for your birth experience and hospitalization. Please complete the form below so that our nurses and providers will be informed about your choices. Bring a copy with you to the hospital.

My Name \_\_\_\_\_ My Due Date \_\_\_\_\_

My Doctor or Midwife \_\_\_\_\_ My primary support person \_\_\_\_\_

My baby's Pediatrician \_\_\_\_\_

*\*If your baby's pediatrician does not see babies at Baptist Health Lexington, our pediatric providers will take care of him/her and send his/her hospital records to the pediatrician you prefer.*

Other people I would like to attend my birth, if possible (family member, doula, labor coach, etc.) \_\_\_\_\_

*\*Visitation guidelines may vary due to the Covid-19 Pandemic. To see updated guidelines please click the link below [Temporary Visitor Guidelines | Baptist Health Lexington](#)*

Childbirth preparation I have participated in prior to birth \_\_\_\_\_

<p>Pain relief and relaxation during labor</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Breathing and relaxation techniques</li> <li><input type="radio"/> Walking</li> <li><input type="radio"/> Dim Lights</li> <li><input type="radio"/> Yoga Ball</li> <li><input type="radio"/> Peanut Ball</li> <li><input type="radio"/> Squatting Bar</li> <li><input type="radio"/> Rocking Chair</li> <li><input type="radio"/> Music</li> <li><input type="radio"/> Hydrotherapy (tub or shower)</li> <li><input type="radio"/> I'd like to wear:             <ul style="list-style-type: none"> <li><input type="radio"/> Hospital Gown</li> <li><input type="radio"/> My own gown or clothing</li> <li><input type="radio"/> Other _____</li> </ul> </li> <li><input type="radio"/> IV Pain Medication</li> <li><input type="radio"/> Epidural</li> <li><input type="radio"/> Please don't offer medication or an epidural when I'm in labor. If I decide I would like something I'll let you know.</li> <li><input type="radio"/> Other:</li> </ul>
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<p><b>Fetal Monitoring:</b> To assess your baby's wellbeing, monitors will be placed around your abdomen to assess the baby's heart rate and your contraction pattern.</p>	<ul style="list-style-type: none"> <li>○ Continuous fetal monitoring (standard for patients being induced and/or those with epidural anesthesia)</li> <li>○ Wireless monitor that allows ambulation/movement</li> <li>○ Intermittent fetal monitoring</li> </ul>
<p><b>IV Access:</b> A saline lock is an IV catheter that is inserted into a vein, flushed with saline, and then capped off for later use if needed. A continuous IV provides fluids continuously through your labor.</p>	<ul style="list-style-type: none"> <li>○ IV continuously infusing (standard for patients who are induced and/or those with epidural anesthesia)</li> <li>○ Saline lock</li> </ul>
<p><b>Birth</b></p>	<ul style="list-style-type: none"> <li>○ I'd like to utilize the following positions during the pushing phase and birth:</li> <hr style="width: 20%; margin: 5px auto;"/> <li>○ My support person and/or I would like to cut the umbilical cord, if possible</li> <li>○ I'd like to use a mirror for the pushing phase and birth</li> <li>○ Kangaroo Care immediately after birth</li> <li>○ I'd like to wait for the cord to be clamped and cut until the cord stops pulsating</li> </ul>
<p><b>Cesarean Birth</b></p>	<ul style="list-style-type: none"> <li>○ I'd like for my support person to be with me in the Operating Room</li> <li>○ I'd like to be able to see over/through the surgical drapes when my baby is born</li> <li>○ I would like to hold my baby as soon as possible</li> <li>○ I would like to breastfeed as soon as possible</li> <li>○ Other</li> </ul>
<p><b>Newborn bathing</b></p>	<ul style="list-style-type: none"> <li>○ Please give my baby a bath, anytime is fine</li> <li>○ Please delay the first bath until I can be present, if possible</li> <li>○ I prefer no bath for my baby, if possible</li> </ul>
<p><b>Newborn feeding</b></p>	<ul style="list-style-type: none"> <li>○ Exclusively breastfeeding</li> <li>○ Formula feeding</li> <li>○ Combination of breast and formula feeding</li> </ul>
<p><b>Pacifier</b></p>	<ul style="list-style-type: none"> <li>○ Please do not give my baby a pacifier</li> <li>○ It's OK if my baby has a pacifier</li> </ul>

Circumcision	<input type="radio"/> If my baby is a boy: <ul style="list-style-type: none"> <li><input type="radio"/> I would like for him to be circumcised</li> <li><input type="radio"/> I would not like for him to be circumcised</li> </ul>
Other preferences/ Comments	

By law, the state of Kentucky requires all newborns to receive eye ointment within one hour of birth to prevent infection. The law also requires a Vitamin K injection. Vitamin K is an important factor that helps the blood to clot and prevents bleeding. Babies are born with a low level of this vitamin.

You will be asked if you would like for your baby to receive the Hepatitis B vaccine. You can talk to the pediatrician about the best time to start the Hepatitis B vaccine series.

Please review your birth plan with your doctor or midwife.  
 He/she can answer questions and help you decide the best plan for you.

Please understand that the staff will do everything we can to honor your wishes. We ask that you keep an open mind and understand that our first priority is to keep you and your baby healthy and safe.

Although many factors may cause the length of your hospitalization to change, after your baby is born you can expect to stay in the hospital for 2 days for a vaginal birth and 3 days for a Cesarean birth.

We look forward to taking care of you and helping you have a positive birth experience.

**Reviewed with my doctor/midwife:**

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date