

Norton Women's Care Birth Plan

We want your birthing experience and time with us to be as special and stress-free as possible. Because each woman's needs are different, it is important to discuss your labor and delivery preferences with your health care provider well before your due date. This will help ensure you understand your options and your birth plan preferences are known ahead of time.

Please check all that apply.

Admission and labor

- ☐ I would like to be able to move and change positions as needed to manage my labor.
- ☐ I would like to have intermittent fetal monitoring, with physician permission.
- ☐ I would like to walk during labor, with physician permission.
- ☐ Limit visitors to support person(s) and medical staff.
- ☐ I prefer not be connected to continuous IV fluids unless my physician decides it is medically necessary for the health of my baby and me.
- ☐ I would like to avoid having a catheter unless it is medically necessary.
- ☐ Do not offer medicated pain-relief options. I prefer to ask for it if needed.
- ☐ I would like to labor in a water tub. I understand that I will be moved to a bed for delivery.

If I decide on medicated pain relief, these are my choices:

- ☐ Epidural
- ☐ IV pain medication (I understand that I may not be able to have IV pain medicine if it is too close to delivery.)
- ☐ Nitrous oxide
- ☐ _____

Pushing

- ☐ I want to push in the position of my choice.
- ☐ I prefer to use the squat/birthing bar.



- ☐ I am not concerned with positioning for pushing.
- ☐ I want to use foot pedals rather than stirrups.
- ☐ I prefer people as leg support rather than stirrups.
- ☐ I want spontaneous pushing when fully dilated.
- ☐ I want pushing with medical direction.

Delivery

- ☐ I would like to touch my baby's head when it crowns.
- ☐ I would like a mirror available to view pushing/crowning/birth.

Immediately following delivery

- ☐ I want my baby placed on my chest immediately after birth.
- ☐ I would like my partner to cut the cord.
- ☐ I would like to cut the cord.
- ☐ I would like to hold the baby skin-to-skin as soon as possible.
- ☐ I would like to breastfeed as soon as possible after delivery while in the labor room.
- ☐ If the baby goes to the nursery after delivery, I would like my partner to remain with the baby if possible.
- ☐ I want to store the cord blood.

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Perineum

- ☐ I do not want an episiotomy unless it is medically necessary.
- ☐ I would like perineal massage.
- ☐ I would like a local anesthetic during repair of tear/episiotomy.



Baby care

- ☐ I wish to exclusively breastfeed.
- ☐ I wish to breastfeed; however, if it is medically necessary to provide supplementation, I would like to provide expressed breast milk before formula.
- ☐ I wish to formula feed.
- ☐ I do not want my baby to be given a pacifier.
- ☐ I would like to meet with a lactation consultant as soon as possible.
- ☐ I want my baby circumcised.
- ☐ I do not want my baby circumcised.

Privacy

- ☐ I wish to limit visitors.
- ☐ I prefer my door closed with a sign requesting that visitors and staff members knock before entering.
- ☐ I do not wish to limit visitors.
- ☐ I do not wish to have medical students involved in my care.
- ☐ Other: _____

Cesarean delivery

In the event that a cesarean section is necessary, I would like the following:

- ☐ I want my partner present.
- ☐ I would like the procedure described as it is happening.
- ☐ I want photos of the baby as soon as possible.
- ☐ Other: _____

If the baby requires special care

- ☐ I would like to provide breast milk and pump as soon as possible.
- ☐ I want my partner to accompany the baby if transferred to another hospital.