

Birth Plan/Birth Preferences

Every birth plan is unique and at St. Pete General Hospital Family Beginnings we want yours to be as comfortable and memorable as possible. Please use this checklist to guide your discussion with your Physician. Note your preferences and give copies to your caregivers when you arrive at the hospital. As sometimes things can change, please know that this will serve as a guide for you, your physician and our staff.

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	Physician/Midwife:
Attendant(s) for the delivery:	
Labor Preparation/Preference	ces:
Pre-labor Please note: □ I have group B Strep □ I am Rh incompatible with baby □ I am positive for herpes □ I have gestational diabetes □ Other: □ None of above	
During Labor I'd like to wear my own clothing I'd like to move around freely to o Standing up o Walking around o Lying down o In the shower I'd like to use intermittent or win If I need an I.V., I prefer a saline I'd like to use labor props such a I'd like as few interruptions as per I'd like as few vaginal exams as per I'd like to discuss options to aug I'd like hospital staff limited to me (no students, residents, or interns per I'd like to wear my contact lens to I'd like to stay hydrated with cleans I'd like to st	reless fetal monitoring or heparin lock is Peanut ball, shower ossible oossible ment my labor with my doctor during my office visit my own doctor and nurses oresent) the entire time
Environment □ I'd like music played (I will provid □ I'd like the lights dimmed □ I'd like the room as quiet as poss □ I'd like blankets and/or photos for	sible

□ I'd like aromatherapy scents that I will provide

Pain Relief/Medication	
□ I'd like to use breathing techniques	
☐ I'd like to use distraction techniques	
☐ Please do not offer me any pain medications, I'll request if I need it	
☐ I'll decide whether to use pain medication as my labor progresses	
☐ I'd like to be offered an epidural or other pain medication as soon as possible	
Preparing for delivery	
☐ I'd like to be allowed to push when and how I feel I should	
☐ I'd like for the hospital staff to help me with pushing techniques. I'd like to be	
coached on when to push and for how long	
□ I'd like to let the epidural wear off while pushing	
□ I'd like to use whatever methods my doctor deems necessary	
□ I'd like to choose the position I deliver in	
o Squatting	
o Semi-reclined	
o Lie on my side	
o Stand	
o Lean on my partner	
o Use people for leg support	
o Use foot pedals for leg support	
☐ I'd like to view my baby's birth using a mirror	
 □ I'd like to touch my baby's head as it crowns □ I'd like to help catch the baby 	
☐ I'd like to liet my partner catch the baby	
Episiotomy	
 □ I'd like to use only after perineal massage, warm compresses and positioning □ I'd use rather than risk a tear 	
☐ I'd like not performed, even if it means risking a tear	
☐ I'd like performed only as a last resort	
☐ I'd like performed as my doctor deems necessary	
Immediately After Delivery □ I'd like my partner to cut the umbilical cord	
☐ I'd like a 30 second delay in cutting the umbilical cord	
☐ I'd like to bank the cord blood (arrangements must be made prior to admission)	
☐ I'd like to donate the cord blood (arrangements must be made prior to admission)	1)
☐ I'd like to deliver the placenta spontaneously and without assistance	٠,
□ I'd like to see the placenta before discarding	
☐ I'd like to not be given Pitocin/oxytocin	
If a C-section is necessary	
☐ I'd like to make sure all other options have been exhausted	
□ I'd like to stay conscious	
☐ I'd like my partner to stay with me for the delivery	
☐ I'd like to have the sheer screen so I can view the birth	
☐ I'd like to have my hands left free so I can touch the baby	
☐ I'd like an epidural (spinal) for anesthesia	
☐ I'd like my partner to hold the baby as soon as possible	
☐ I'd like to breastfeed in the recovery room	