



UnityPoint Health Finley Hospital
Family Birthing Suites

Birth Plan

Name: _____ Due Date: _____ Dr. _____

Father of the baby or support person: _____

Who else will be with you for your labor and birth? (limit of 2) _____

Names and ages of your other children: _____

When will your children be at the hospital?

_____ During Labor _____ After the Birth _____ For the Birth

Who will be caring for your children if they will be at hospital for the birth? (this cannot be you or your support person) _____

I would like to do the following during the birth of my baby: (place √ or X in front of your choices)

- _____ To walk or change positions often.
- _____ To have clear liquids (popsicles, broth, jello, juice).
- _____ To use the tub or shower.
- _____ To use the birthing ball.
- _____ To wear my own clothes instead of the hospital gown.
- _____ To have the fetal monitor off some of the time.
- _____ To have pain medicine (I will ask when I need it).
- _____ To have an epidural (must be ok with the doctor or midwife).
- _____ To deliver in a position I am most comfortable (side-lying, squatting, sitting, etc.).
- _____ To watch my vaginal birth in a mirror.
- _____ To deliver without an episiotomy (a cut to make vaginal opening bigger) if possible.
- _____ To have the father of the baby or my support person cut the umbilical cord.
- _____ To have my baby put skin to skin with me.

After my baby is born:

_____ I plan to breast feed my baby.

_____ I plan to bottle feed my baby.

_____ I would like to have my baby in my room at night.

_____ I **do not** want my baby to have a pacifier. (Babies breast feed better when they do not get a pacifier.)

_____ I want my son circumcised.

_____ I **do not** want my son circumcised.

_____ I would like to go home from the hospital in 1 day instead of 2 for a normal birth.

I have the following concerns about taking care of my baby:

_____ I plan to have the father of my baby or my support person stay at the hospital with me at night. I understand that the hospital does not provide food for anyone that stays with me or visits me.

I may change my mind about any of the choices I have made at any time. I will let my nurse know if I have changed my mind about any of my choices when I am admitted or during my hospital stay. I know that sometimes these choices will not be an option due to my health or the health of my baby.

Signature: _____ Date: _____