



# Patient Birth Plan

Date Completed: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Support Person: \_\_\_\_\_ EDD: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

## It is the goal of Waverly Health Centers providers and staff to...

- Provide safe and high quality care for you and your baby.
- Support your wishes for your birth experience.
- Support, encourage, and provide education during your stay.

## Our standard approach is that...

- We encourage clear liquids during labor.
- IV (intravenous) access is obtained upon admission for labor.
- Promoting skin-to-skin contact after birth, pending health status of mother and baby.
- A form of fetal monitoring will occur that is dependent upon mother and baby conditions.
- Vitamin K is given to your baby after delivery to prevent potential hemorrhage or newborn bleeding as it is not produced by your baby yet.
- Hepatitis B vaccine is given within 24 hours after delivery to your baby to prevent infection that could be acquired at birth.
- Antibiotic eye ointment will be given to your baby after delivery to prevent eye infections that can result in blindness.

## As a patient...

We care about your experience and will address your questions and concerns about medical treatment or interventions. You have the right to refuse any recommended treatments or interventions as noted in your patient rights.



**Relaxation Options During Labor:**

- Music
- Essential Oils
- Whirlpool/Tub/Shower before and after delivery
- Nitrous Oxide
- Cold/heat therapy
- Dimmed lighting
- Birthing balls
- Wireless monitoring (pending status of mother and baby)

**What is your plan for pain management (check all that apply):**

- None-I would like to try unmedicated childbirth
- Have you studied/practiced any methods? Yes \_\_\_\_\_ No
- IV medication
- Epidural

**If it is recommended to have a Cesarean (C-Section) Birth:**

- What ONE person do you want to be allowed to be with you? \_\_\_\_\_
- Would you like music played during your c-section? Yes, I prefer \_\_\_\_\_ No
- Other requests: \_\_\_\_\_

I would like to feed my baby by \_\_\_\_\_

If you are having a boy, are you planning a circumcision? Yes No Unsure

**Options to discuss with staff:**

- Cutting of the umbilical cord
- Use of pacifier
- Pushing positions
- Timing of baby medications
- Birth assistance and viewing options
- Delayed cord clamping
- Position changes during labor

**Obstetric procedures that may be offered when medically necessary and discussed before their use:**

- Episiotomy
- Internal fetal heart rate and contraction monitoring
- Operative delivery (forceps and vacuum)
- Unplanned cesarean section

What else would you like us to know? \_\_\_\_\_

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