



BIRTHPLACE

Pullman Regional Hospital Birth Plan

PULLMAN REGIONAL HOSPITAL

Names: _____

Due Date: _____

Doctor: _____

Following are our preferred options for normal labor and birth. We, the parents, realize that flexibility and a willingness to accept changes in our plan may be necessary if complications arise affecting the mother's or baby's condition.

Personal Preferences:

Degree of Importance

- 1 – Somewhat Important
- 2 – Important
- 3 – Very Important

1. We hope to come to the hospital at this point in labor: _____

2. During labor I'd prefer to wear: _____

3. Concerning visitors and phone calls during labor we want: _____

4. Our feelings about having an IV are: _____



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5. Our preference concerning fetal monitoring is (continuous, intermittent, external, internal): _____

6. Things we would like to do to create a special environment during labor include (lights, music, temperature, noise, fragrance): _____

7. Comfort measures we would like to try to include (walking, labor ball, rocking chair, Parker Bath, showers, hot/cold packs, massage): _____

8. We plan to deal with the pain of labor by use of : _____

9. People we want present at the delivery include: _____

10. Positions we'd like to try during pushing include (semi-reclining, side-lying, squatting, hands and knees, kneeling): _____



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11. Things we'd like to do to make the birth more special include (viewing the birth using a mirror, touching baby's head as it crowns, silence in the birthing room so baby hears our voices first, dad to cut the cord): _____

12. Our thoughts about having an episiotomy are: _____

13. The anesthesia we would prefer during delivery is (none, local, pudendal block, epidural): _____

14. As soon as our baby is born we'd like him/her to be placed (on mom - skin to skin, on mom - in blankets, in partner's arms, on the warmer): _____

15. If a cesarean section is needed we would like: _____

16. Additional preferences for our labor and delivery include: _____



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17. After delivery our desires concerning visitors and phone calls are: _____

18. After our baby is born our preference for infant care is (full rooming in - no separation, partial rooming in - baby with me when I'm awake and in the nursery when I'm sleeping): _____

19. Our plan for infant feeding is (breast feed exclusively, formula feed exclusively, combine breast and bottle feeding, to be offered guidance on this issue): _____

20. While our baby is in the hospital our desire concerning sugar water, formula, pacifiers, and/or artificial nipples is: _____

21. Additional preferences for our hospital stay include: _____

