BIRTH PLAN/REQUESTS

HRMC Huron Regional Medical Center

Patient Name_____ CompletedBy:_____Date entered into Cerner: _____

Prenatal Education	Written Birth Plan/Location		Planned Method of Delivery
o Never o Yes, with previous pregnancy o Yes, with this pregnancy	o Yes o No o Other	**IfYes**,Location ofPlan o Placed in chart o At home o Other	o Vaginal o Cesarean section o Vaginal birth after cesarean section

Desired Delivery Location	Transportation to Delivery Location	Oral Intake
o HRMC o Other: _____	o Car o Other: _____	o Fluids Orallyduring1 st stage of labor o Ice Chips

Labor		Non-Medical Pain Relief
o Ambulate during labor o Avoid enema o Avoid shaving pubic hair o Change position during labor at will o Contact lenses/glasses at all times while conscious o Continuous monitoring o Dim lights o Intermittent fetal monitoring o Minimal vaginal exams	o Music o No continuous fetal monitoring unless per baby's condition o No internal monitoring unless per baby's condition o No IV unless dehydrated/medications o Quiet environment Other: _____ _____ _____	o Acupressure o Birthing ball o Heat/Cold o Massage o Positioning o Relaxation o Water Other: _____ _____ _____

Anesthesia/Pain Meds	Delivery	Infant Feeding
o Epidural o IV narcotic o Offer medication as soon as possible o Offer medication if uncomfortable o Offer medications only if asks o Other: _____	o Coach does notwishto cut cord o Coach to cut cord o Deliver in hands-knee position o Deliver in squatting position o Others to support legs, rather than stirrups o Patient chooses position of giving birth o Place baby on stomach/chest immediately after delivery	o Exclusivebreast milk o Breast milk and formula o Exclusive formula o Other:

Circumcision	Tubal Ligation	Baby for Adoption	Surrogate Pregnancy	Car Seat Available
o None o Before discharge o After discharge	o No o Yes	o No o Yes	o No o Yes	o No o Yes

Newborn Plan		
Vitamin K: ☐ YES ☐ NO	Hepatitis B: ☐ YES ☐ NO, sign refusal form	Erythromycin Ointment: ☐ YES ☐ NO

Patient Requests	Provider for Newborn
o No bottles to baby o No pacifiers o No students/residents o No separation from baby o Other: _____	Please indicate name of Provider for Newborn _____

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Please fax completed form to the HRMC OB Department at **353-7395**