



Memorial Medical Center

FAMILY BIRTHPLACE

Right here in the place we love.

1615 Maple Lane
Ashland, WI 54806
715-685-5330
ashlandmmc.com

Birth Plan

My name: _____

My Doctor: _____ **Baby's Doctor:** _____

Doula: _____

Support person(s): _____

Date completed: _____ **Revised on:** _____

I would like these people present in my private room during labor:

I would like these people present in my private room during delivery:

I want my delivery team to know: (check all that apply)

Privacy is very important to me

I want the room quiet and relaxing

I enjoy humor and a fun environment

I want everything explained – always

I don't have a strong preference and want to go with the flow

Additional:



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For pain relief I would like to try: (check all that apply)

- Breathing techniques

- Distraction activities:
 - Rebozo scarves
 - Birthing ball
 - Squat bar
 - Hydrotherapy (i.e. – Jacuzzi)
 - Different positions & movement – please suggest positions for me

- Massage

- IV medications

- Epidural

- Intrathecal (if available)

- Please don't offer me pain medications unless I ask for them (including an epidural)

- Additional:



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During labor and delivery I would like: (check all that apply)

- To bring my own music to play
- Dim lighting
- Aromatherapy
- Birthing stool
- Limit monitoring per health status/condition to increase my mobility
- Be able to move freely & walk during labor
- Push in whatever position I feel comfortable in
- To be coached through position changes & position for pushing
- Give option to Labor Down if not feeling urge to push
- To be coached on when to push and for how long
- To be mainly coached by my doula or partner (circle those that apply)
- To view the birth using a mirror
- To touch my baby's head as it crowns
- Additional:

The room as quiet as possible

As few interruptions as possible

To wear my own clothes

Limit cervical exams



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Right after delivery: (check all that apply)

- We want to discover the sex of our baby ourselves. Don't tell us!
- I'd like to hold my baby skin to skin immediately
- I'd like my baby dried off before being brought to me
- Delay cord clamping for at least 1 minute, if possible
- I'd like my partner to cut the umbilical cord
- I would like to keep my placenta to take home
- I'd like to delay newborn procedures (such as bathing and measuring) for the first hour to give me a chance to feed and bond with my baby

(Note: we routinely wait at least 1 hour before weighing/measuring baby & giving 1st medications, unless you prefer otherwise).

Additional:

If I need a Cesarean section I would like: (check all that apply)

- My partner to remain with me the entire time (*Note: some circumstances prohibit/limit this option)
 - The screen lowered so I can watch my baby come out
 - My partner to trim the cord, if possible
 - To hold my baby as soon as possible after delivery and skin to skin
 - To breastfeed as soon as possible
 - Please keep my placenta to take home
 - Additional:
-



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Regarding my baby: (check all that apply)

- Please give my baby a bath for me
- Have my partner or me give the first bath
 - with help from my nurse
 - without help from my nurse
- I'm planning to feed only breast milk
- I'm planning to feed only formula
- I want to breastfeed and would appreciate a lot of support
- I want to be consulted before my baby is given a bottle or pacifier
- Please keep my baby with me at all times
- Vitamin K injection* okay to administer after birth
- Erythromycin eye ointment* okay to administer after birth
- Please administer the Hepatitis B vaccine to my baby before we go home

Other Requests:

**The Vitamin K injection and Erythromycin eye ointment are routinely given to all infants after delivery unless parent(s) /guardian(s) want to opt out of this treatment. Ask your physician or nurse for more information regarding the use of these medications.*



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If I have a boy, a circumcision should: (check all that apply)

Not be performed

Be performed

Additional:

Other Requests:
