

Baptist Health Louisville Birth Plan

The nurses that will be taking care of you and your new baby at Baptist Health Louisville want to know your preferences for your birth experience at the hospital. This checklist will guide you as you plan your birth. Please discuss this plan with your obstetrician and obtain initials for certain requests. Bring a copy of the completed birth plan to the hospital and give to your labor and delivery room nurse on admission.

Personal Information	Complete information on this side
Your name:	
Your due date:	
Name of your doctor:	
Name of your baby's doctor: Pediatrician or family practice physician	
Primary Support Person:	
Labor Coach and/or doula: (doula is a labor coach hired by the patient)	
Pain relief options during labor: Please check all that apply.	<input type="checkbox"/> Breathing and relaxation techniques ____ I have attended a Prepared Childbirth class such as Lamaze ____ I have not attended a Prepared Childbirth class <input type="checkbox"/> * Walking _____ MD initials <input type="checkbox"/> Dim Lights <input type="checkbox"/> Birthing Ball and/or Peanut Ball (hospital can provide) <input type="checkbox"/> Bar for Squatting <input type="checkbox"/> Rocking chair <input type="checkbox"/> Music-bring your own <input type="checkbox"/> Shower <input type="checkbox"/> *Use of the tub to labor _____ MD initials <input type="checkbox"/> Wear your own gown (must be open in the back) <input type="checkbox"/> Intravenous medication <input type="checkbox"/> *Nitrous Oxide _____ MD initials <input type="checkbox"/> Epidural <input type="checkbox"/> Please do not offer medication or epidural to me in labor
To assess your baby's wellbeing, a fetal monitor is placed around your abdomen to assess the baby's heart rate. With your doctor's order, the monitor may be used intermittently.	<input type="checkbox"/> Continuous monitoring-standard practice for patients being induced or patients who have an epidural <input type="checkbox"/> I would like to use wireless monitors for continuous monitoring, if possible, to allow more freedom of movement <input type="checkbox"/> *Intermittent monitoring (requires MD order) _____ MD initials

<p>A saline lock is an intravenous (IV) catheter that is inserted into a vein, flushed with saline, and then capped off for later use if needed. A continuous IV provides fluids continuously throughout your labor. Laboring moms may have clear liquids (provided by the hospital) during labor.</p>	<p><input type="checkbox"/> IV, continuously infusing is standard practice for patients who are induced or receive an epidural <input type="checkbox"/> *Saline lock only (requires MD order) _____ MD initials</p>
<p>Do you want a mirror for pushing and/or delivery?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Would you like your support person to cut the cord?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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<p>Do you want the baby to go to Kangaroo care? Kangaroo care is the term used to place the baby on mom's bare chest after delivery.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If I have a cesarean section, I would like to have a clear drape so I can view the birth.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How do you plan to feed your baby while you are in the hospital?</p>	<p><input type="checkbox"/> Breast <input type="checkbox"/> Bottle</p>
<p>I want my baby to have a pacifier.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Other Requests</p>	

Visitation policies may change depending on current contagious illnesses in our community. Preregister for a maternity tour at BaptistHealth.com/LouisvilleBaby to hear about current visitor policies, where to park, when to come to the hospital and more. For more information, contact Katherine Hale MSN, APRN, FNP-C Women's Health Community Educator 502.897.8688 or email mary.hale@bhsi.com

Your baby may remain with you at all times while on the Mother/Baby unit.

I understand that this plan may be altered due to changes in my condition or the baby's condition.

Signature of Mother_____

Signature of Mother's doctor_____

If you have any questions when completing this birth plan, please speak to your obstetrician.

Any item with an * should be discussed with your obstetrician and an order should be obtained during one of your prenatal visits.

We look forward to caring for you and your new baby.

Sincerely,

The Nursing Staff in Labor and Delivery and Mother-Baby at Baptist Health Louisville