



## Birth Plan

**My name:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Doula:** \_\_\_\_\_

**Support person(s):** \_\_\_\_\_

**Date completed:** \_\_\_\_\_ **Revised on:** \_\_\_\_\_

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

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

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**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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# Hayward Area Memorial Hospital

## FAMILY BIRTHPLACE

*Right here in the place we love.*

11040 N State Hwy 77  
Hayward, WI 54843  
715-934-4847

haywardmemorialhospital.com

## Birth Plan

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

- To bring my own music to play
- Dim lighting
- Hydrotherapy (i.e. Jacuzzi)
  
- Aromatherapy
- The room as quiet as possible
- As few interruptions as possible
- To wear my own clothes
- To stay hydrated with clear liquids and ice chips
- To be offered an epidural as soon as possible
- 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:

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

Breathing techniques

Distraction (labor stool, birthing ball, etc.)

Massage

IV medications

Epidural

Intrathecal

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

Additional:

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

My partner to remain with me the entire time

The screen lowered so I can watch my baby come out

To hold my baby immediately after delivery and skin to skin

To breastfeed as soon as return to recovery in my Family Birthplace room

Please keep my placenta to take home

Additional:

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## Birth Plan

**Right after delivery: (check all that apply)**

- I'd like to hold my baby skin to skin immediately
- I'd like my baby dried off before being brought to me
- I'd like you to wait until the umbilical cord stops pulsating before it is clamped and cut
- 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
- Additional:

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

- Not be performed during hospital stay
- Be performed
- Additional:

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## Birth Plan

**Regarding my baby: (check all that apply)**

- Please give my baby a bath for me
- Have my partner or me give the first bath
- 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

Other Requests:

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