

## My Birth Plan

**You'll know it when you feel it**—when you feel the peace of mind of a health partner who's here to help you navigate through your pregnancy, your delivery and beyond.

**Name:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Support Person(s):** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

Use this checklist to guide your discussion with your physician.

Note your preferences and give copies to your caregivers when you arrive at the hospital.

### During Labor I'd like:

- Music (I provide)
- Dimmed lights and quiet
- To wear my own clothes
- To stay hydrated with liquids and ice chips
- To move around as I choose
- Intermittent fetal monitoring
- To let my water break naturally
- To decide whether to use pain medication as my labor progresses
- To be offered an epidural or other pain medication as soon as possible
- To view the birth using a mirror
- Partner, parents, other children, doula or other present before and/or during labor

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Postpartum I'd like to:

- To hold my baby skin-to-skin immediately after delivery
- The umbilical cord to be cut only after it stops pulsating
- My support person to cut the umbilical cord
- To store my baby's cord blood in a private bank
- To exclusively breastfeed my baby while in the hospital or birth center
- To feed my baby formula

### During Visiting Hours I'd like:

- Family members/visitors to join me and baby immediately after delivery
- Family members/visitors to wait to join me and baby until the first hour after birth
- Family members/visitors to only see baby in nursery

If my baby is a boy, I want him to be circumcised at the hospital.    \_\_\_Yes    \_\_\_No



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How healthcare is supposed to feel

For more information, call (830) 990-1845  
or visit [HCMBaby.org](http://HCMBaby.org)