HOSPITAL STAY PREFERENCES

My feelings and wishes for after delivery:_____

_____

_____

_____

- ❑ I with to have skin-to-skin contact with my baby.
- ❑ Please delay cord clamping and cutting until pulsating ceases.
- ❑ I would like my baby to remain with me according to my wishes.
- ❑ I do not wish for my baby to be bathed.
- ❑ I do not wish to use the hospitals soaps / lotions.
- ❑ I wish to breastfeed exclusively.
- ❑ I wish to formula feed.
- ❑ I do not want my baby given a pacifier.
- ❑ I would like to meet with a lactation consultant / counselor.
- ❑ I would like my baby circumcised.
- ❑ I do not want my baby circumcised.
- ❑ I would like Erythromycin used.
- ❑ I do not want Erythromycin used.
- ❑ I would like my baby to have a Vitamin K shot.
- ❑ I do not want my baby to have a Vitamin K shot.
- ❑ I would like my baby to have a Hepatitis B Vaccine.
- ❑ I do not want my baby to have a Hepatitis B Vaccine.

❑ I have reviewed and discussed the above requests with my healthcare provider.

Parent(s) Signature:_____

Date: _____

PRAIRIE LAKES Healthcare System

prairielakes.com | 605.882.7000
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BIRTH PLAN

FOR PRAIRIE LAKES HEALTHCARE SYSTEM

YOUR HEALTH : OUR MISSION

PRAIRIE LAKES Healthcare System

MY BIRTH PLAN

Your Birth Plan outlines your preferences for your baby's birth and care during your hospital stay. Understanding that flexibility is required depending on the course of your labor and the well-being of your baby.

Mother's Information:

Name:_____ Date of Birth:_____

Physician: _____

Baby's Physician:_____

Delivery Plan: ❑ Vaginal ❑ C-Section Due Date: _____

Support Person: _____

LABOR PREFERENCES

My feelings and wishes for labor: _____

_____

_____

_____

_____

_____

_____

❑ Low Lighting
❑ Quiet Room
❑ Listen to Music
❑ Bringing Aromatherapy
❑ Shower / Whirlpool
❑ Bringing own pillows / blankets
❑ Massage
❑ Birthing Ball
❑ Visualization / focal point
❑ Ice packs / warm packs
❑ Walking

❑ Freedom to move / position
❑ Birthing Chair
❑ Eat or drink according to how I feel
❑ Wearing my own clothes
❑ Breathing and relaxation techniquies
❑ Pushing in positions of my choosing
❑ Pushing with use of squatting
❑ Pushing with use of birthing bar
❑ Pushing on hands and knees
❑ Pushing while lying on side

LABOR MEDICATION

My feelings and wishes about medication: _____

_____

_____

_____

_____

❑ I am open to the use of pain medication.
❑ I am not open to the use of pain medication.
❑ Please do not ask me about the use of pain medication.
❑ Do not offer me pain medication unless I say my code word:
❑ I would like an epidural.