



The Birth Place Options and Preferences

Name			Support person						
Care Provider			Due date						
Му Ва	by's Care Provider	·							
	When completed, you may submit this form to your delivering physician's office or bring it to The Birth Place. It is best to submit this form at 32-34 weeks of pregnancy during your pre-admission appointment, but you can submit it earlier if your questions about these items have been addressed.								
	Listed below are several options/choices to consider as you plan your labor and birth. These items are discussed in childbirth preparation classes. Consider each of these options carefully and discuss them with your partner and then with your care provider. When making a birth plan, remember that it is important to be flexible. Add to the list anything else that you would like to include to help your care providers better understand your wishes for this labor and birth experience. We strive to honor your preferences while maintaining the safety of mother and baby.								
The f	ollowing checke	d or circled items best descri	be my prefere	nces:					
signif	ollowing people wicant other/part	vill be present for the birth (circle ner baby's siblings (please following comfort measures dur	e discuss this w	vith your deliver	ing physician)	doula	others		
	massage/tou	uch hot/cold packs r	nourishment	shower/tub		oosition change:	s 		
Durin	g labor I would lii	ke to use any or all of the follow	ving positions a	s needed (check (all that apply):				
	☐ sitting☐ rocking	□ standing □ birth ball		ng on right or le ting on the toile					
	☐ walking	☐ hands and knees	□ slo	ow dancing					
	other								
	I plan an unme	edicated birth.							
	I plan IV medic	I plan IV medication if needed.							
	I plan a labor epidural if needed.								
	I prefer intermittent fetal monitoring and use of the Doppler ultrasound.								
	I prefer no internal monitoring unless medically necessary.								

The Birth Place at Olathe Medical Center 20333 W. 151st St. Olathe, KS 66061

913-791-4200 olathehealth.org/birthplace

CONTINUES ON BACK ▶





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BIRT	Н		I plan to formula feed my baby.		
	During pushing, I would like to use a variety of positions such as squatting, side-lying, hands and knees, semi-sitting, legs and feet supported, sheet		I plan to feed my baby a combination of breastmilk and formula.		
	pull, dangle.	PACIFIERS			
	I would like to avoid an episiotomy; please apply		No pacifiers or bottles.		
	warm compresses and use perineal massage to allow for stretching.		Give only for painful procedures.		
	During pushing, I would like to use spontaneous		Ask my permission before giving pacifier.		
	bearing down and vocalizing.		Pacifiers are okay.		
	I will use directed pushing (prolonged breath holding) if needed.	CIRC	CIRCUMCISION		
	The baby's father/my support person would prefer		Declined, not to be done.		
	to cut the cord, if possible.		To be done at hospital.		
	I would like to cut the cord.		Plan to do after discharge.		
CORD BLOOD COLLECTION		CESA	CESAREAN BIRTH		
	No plans to collect.		two support people allowed in the operating room) I prefer to have the father present during a cesarean birth.		
	Collection for personal use.				
	Collection for public donation.		I prefer my doula/other companion be present during a cesarean birth.		
VAGINAL BIRTH			If possible, I prefer to be awake during the birth.		
	Skin-to-skin contact.	IMMI	IMMEDIATELY FOLLOWING A CESAREAN BIRTH		
	Mother to receive baby on her abdomen.		Skin-to-skin contact on my chest if it is safe to do		
	Mother to breastfeed as soon after delivery as		SO.		
	possible.		Mother to see baby in the delivery room.		
	Baby to remain with parents and newborn care to be done in parents' room – bathing, weighing, etc. when possible.		Father/companion to be with baby in operating room/nursery.		
	Newborn medications delayed for up to one hour		Mother to hold and breastfeed infant during recovery, when possible.		
after birth.			Baby to remain with parents and newborn care to be done in parents' room – bathing, weighing, etc. where possible.		
FEEDING					
	I plan to breastfeed my baby.		Newborn medications delayed for up to one hour		
	I plan to pump breastmilk and bottle feed it to my baby.		after birth.		