Personalized Labor and Delivery Plan

Patient's Name ___________________________ Labor Coach's Name ________________

Please mark what you would prefer in labor

Environment: Due date: ______________________

☐ Dim lights
☐ Quiet
☐ Music
☐ Visitors I wish to have present during labor: ________________________________
☐ Other ________________________________

Positions:

☐ Maintain mobility walking, rocking chair
☐ Labor ball
☐ Other ________________________________

Anesthesia (Pain Relief):

☐ I do not wish to have any kind of medications/ anesthesia offered to me in labor, I will ask if I change my mind.

☐ Offer intravenous (IV) medications only
☐ Epidural (medication given by a doctor into your back) for pain control when able
☐ Other ________________________________

Non-Medical Pain Relief Options:

☐ Relaxation
☐ Positioning
☐ Water (Shower or jacuzzi spa)
☐ Heat or Cold therapy
☐ Aromatherapy
☐ Massage
☐ Other ________________________________

Baby Care:

☐ Partner to cut cord
☐ Baby skin to skin immediately after delivery

☐ Breast feeding
☐ Formula feeding Baby's care provider: ________________________________

☐ Breast and Formula feeding
☐ Other ________________________________

Cesarean Section: (Surgery to deliver the baby through abdomen)

☐ Spinal/Epidural Anesthesia (Medication given by a doctor in your back to relieve pain during surgery)
☐ Partner present
☐ Baby skin to skin in the operating room and/or recovery room (baby on mom's chest)
☐ Other ________________________________

Education Plans:

☐ Breast feeding concerns (inverted nipples, previous breast surgery, previous problems)
Childbirth Education plans: ________________________________________________
                                                                                         ________________________________________________
                                                                                         ________________________________________________

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