

## *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
  - Breast and Formula feeding
  - Other \_\_\_\_\_
- Baby's care provider: \_\_\_\_\_

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

- Spinal/Epidural Anesthesia (Medication given by a doctor in your back to relive 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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