



Texas Health Huguley Hospital Fort Worth South

Women's Services Birth Plan

Full Name: _____

Doctor: _____

Partner's Name: _____

Hospital: _____

Due Date: _____

Pediatrician: _____

Please note:

- I have Group B Strep
- I am Rh negative
- I have Gestational Diabetes
- I have a small / large baby

My delivery is planned as:

- Vaginal
- C-section
- Vaginal delivery after C-section

In my room during delivery, I would like:

- Partner: _____
- Parents: _____
- Doulas: _____
- Other: _____

During labor, I'd like:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Music played (I will provide) <input type="checkbox"/> Room lights dimmed <input type="checkbox"/> The room as quiet as possible <input type="checkbox"/> As little interruptions as possible <input type="checkbox"/> Infrequent vaginal exams <input type="checkbox"/> Walk during labor <input type="checkbox"/> Use labor ball <input type="checkbox"/> No IV pain medications, unless requested <input type="checkbox"/> No epidural, unless requested | <ul style="list-style-type: none"> <input type="checkbox"/> To stay hydrated orally <input type="checkbox"/> Have only IV saline lock, not running IV <input type="checkbox"/> Have essential oils <input type="checkbox"/> Not use Pitocin if possible <input type="checkbox"/> Delayed cord clamping <input type="checkbox"/> Skin to skin contact immediately after delivery <input type="checkbox"/> No nursing students <input type="checkbox"/> To allow for perineal stretching, no episiotomy <input type="checkbox"/> Other: _____ |
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