

| Birth Plan for |                     |
|----------------|---------------------|
|                | PATIENT'S FULL NAME |

Thank you in advance for trusting The Women's Care Center at Covenant Children's to deliver your baby! Our care team is committed to the safe delivery of your baby and the best care for you! Our desire is for the birth of your baby to go as planned and for you to have the best experience possible. The care team will discuss any reasons for deviation from your plan, but will do their absolute best to meet your birthing plan goals.

| <b>Preparation for Childbirth</b> | Pre | para | tion | for | Child | birth |
|-----------------------------------|-----|------|------|-----|-------|-------|
|-----------------------------------|-----|------|------|-----|-------|-------|

- ☐ I attended a prepared childbirth class with this baby. ☐ I attended a breastfeeding class.
- $\square$  I attended a prepared childbirth class with a previous baby.  $\square$  I did not attend any prenatal classes.

## **During Labor and Delivery** (check all that apply)



## **After Delivery** (check all that apply)



## Postpartum/Newborn Care (check all that apply)



| Do you have any cultural or religious practices that are important to you during childbirth, and what can we do |
|---|
| to accommodate these?   |
|   |
| What is important to you during your labor and birth?   |