

Our Birth Plan

KENT HOSPITAL

455 Toll Gate Road • Warwick, RI 02886

At Kent Hospital, we know how important it is to support your birth preferences while maintaining a safe outcome and positive experience for you and your baby. Please take some time to complete this worksheet with your birth partner and review it with your doctor or midwife at your next prenatal visit. Please bring a copy of this worksheet to Kent Hospital and give it to your labor nurse.

My name is: _____

My due date is: _____

My support people are: _____

My doctor/midwife is: _____

My pediatrician is: _____

I have worries, fears or concerns about: _____

The most important issues to me during labor and delivery are: _____

While I am in labor, I would be interested in the following amenities and laboring aids:

- | | |
|---|---|
| <input type="checkbox"/> Birthing ball. | <input type="checkbox"/> Mirror. |
| <input type="checkbox"/> Birthing bar so I can squat during delivery. | <input type="checkbox"/> Rocking chair. |
| <input type="checkbox"/> CD player/radio. | <input type="checkbox"/> Shower. |
| <input type="checkbox"/> Hot/cold therapy. | |

For coping with labor, I prefer:

- A natural, unmedicated delivery and birth.
- Pain medication, if needed.
- An epidural, if needed.

At the time of birth, I would prefer:

- To delay the clamping of the umbilical cord, if the situation allows.
- My partner or I to be able to cut the umbilical cord, if the situation allows.
- To take part in a private cord blood banking program.
- Name of program _____

If I have a boy, I plan to:

- Have him circumcised at the hospital.
- Not have him circumcised at the hospital.

We look forward to caring for you and your family during your labor, birth and postpartum period. For more information, visit www.kentri.org/womenscarecenter.

