

TIME TO DELIVER

- ☐ I would like a mirror to watch my pushing progress
- ☐ I prefer to push on my back with assistance holding my legs/feet
- ☐ I would like to try multiple pushing positions
- ☐ I would like coached pushing techniques to be used
- ☐ I prefer my room to be as quiet as possible

WHEN BABY IS BORN

- ☐ My support person would like to cut the umbilical cord
- ☐ I want to cut the umbilical cord
- ☐ I prefer the baby skin-to-skin immediately, if possible*
- ☐ I prefer the baby to be dried off at the warmer before I hold him/her
- ☐ I plan to bottle feed
- ☐ I plan to breast feed
- ☐ I plan to pump
- ☐ I would like to see a lactation consultant during my hospital stay

Our lactation consultants serve new moms with skill and compassion



**If you desire skin-to-skin with your baby, we will put baby on your chest as long as it is safe. Sometimes, babies need to be brought to the warmer for extra care, but we will hand your baby to you as soon as he/she is able!*

your PERSONALIZED BIRTH PLAN

Scan here to access information about our prenatal and birthcare services, including a tour of our Birth Center.



Orange City Area
Health System

INTEGRITY • INNOVATION • INSPIRATION

1000 Lincoln Circle SE • Orange City, Iowa 51041 • ocHealthSystem.org

Family Medicine Clinic 737.2000 • Hospital 737.4984

- Billing/Patient Accounts ~ 737.5200
- Centralized Scheduling (outpatient services) ~ 737.5380
- Community Health Partners ~ 737.2971
- Education ~ 737.5365
- Gift Garden ~ 737.5350
- Home Health & Hospice ~ 737.5279
- Hopers Family Practice Clinic ~ 752.8800
- Landsmeer Ridge Retirement Community ~ 737.8932
- Mill Creek Family Practice, Paullina ~ 448.2000
- Northwest Surgery ~ 737.5317
- Occupational Health ~ 737.5273
- Orange City Area Pharmacy ~ 737.5347
- Physical Therapy/Occupational Therapy ~ 737.5234
- Prairie Ridge Care Center ~ 707.6000
- Public Relations ~ 737.5367
- Specialty Clinics ~ 737.5241
- Sports Medicine ~ 707.6076
- Volunteer Services ~ 737.5349
- Walk-In Clinic ~ 707-6070
- Wound, Ostomy, Continence ~ 737.5380

your PERSONALIZED BIRTH PLAN

Comfort options during your labor and delivery and postpartum care



Patient name: _____

Due date: _____

Support person(s): _____



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WHEN YOU'RE EXPECTING, YOU EXPECT THE BEST *the healthy birth of a healthy baby*

Let us help you plan a personalized birth experience, partnering with your doctor, nurses, and others on your care team to enhance comfort and communication.*

DURING LABOR Movement

- ☐ I prefer to walk only in my room
- ☐ I would like to walk the birth center hallways
- ☐ I would like to use birth balls and peanut balls
- ☐ I would like to be shown position options

Massage

- ☐ I am open to counter pressure and massage techniques from my nurse or support person
- ☐ I prefer to not be touched in labor

Breathing Techniques

- ☐ I feel prepared to breathe through labor pains
- ☐ I would like coaching from my labor nurse on how to breathe through my contractions

Lighting and Temperature

- ☐ I prefer to keep my room light
- ☐ I prefer to keep my room dark
- ☐ I prefer to have a fan available

Please let us know if you would like your room temperature changed or assistance with lighting!



Water Therapy

- ☐ I would like to use the whirlpool tub/shower
 - ☐ intermittently
 - ☐ up until time of delivery
- ☐ I prefer to not be in the water

Music Therapy

- ☐ I would like music/sounds playing during my labor
- ☐ I prefer my labor room to be as quiet as possible

Our labor room TVs offer nature scenes and calming music on them. Ask your nurse to show them to you.

Food, Drink, Personal Comfort

- ☐ I would like to be offered food/drinks during labor (only up to the time of epidural)
- ☐ I will bring my own drink/snacks from home
- ☐ I would like a fan in my room
- ☐ I would like lip balm offered
- ☐ I would like a cold washcloth for my face/forehead

Ask your nurse about your recommended diet during your labor process. Diet restrictions may occur. The birth center refreshment center is available 24/7 for patient and support person(s)' use.

*Please note: We will do our best to meet your requests. However, please be aware that sometimes medical situations may alter your original plan to ensure the health and safety of you and your baby.

Epidural/Pain Control

- ☐ I would like an epidural for labor pain
- ☐ I do not want an epidural for labor pain
- ☐ I have questions about using an epidural for pain control during labor
- ☐ I have questions about what IV medications and other options are available

Privacy Requests

- ☐ I would like to wear my own clothes and undergarmets
 - ☐ I prefer no visitors during labor
 - ☐ I prefer no visitors during my entire hospital stay
 - ☐ I prefer my support person(s) to leave the room during personal cares/cervical exams
- *Name(s): _____

Students in OB

(Doctor/Nursing/Anesthesia)

- ☐ I am willing to have students in the rooms
- ☐ I prefer no students in my room

