

# My Birth Plan



At BMC, we hope to accommodate your needs to fulfill your personalized plan for a smooth delivery, leaving you and your family with a memorable positive experience. The below birth plan helps the healthcare team customize care and services to suit your preferences. However, certain medical circumstances may require us to deviate from it.

Please take your time to fill the birth plan and have it ready upon admission to give to your midwife. We will do our best to make your birth experience less stressful and more predictable and enjoyable.

Your Full Name: \_\_\_\_\_

Your Husband's Name: \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_

Second Care Partner's Name: \_\_\_\_\_

## I'd like to spend the first stage of labor:

- Standing up
- Lying down
- Walking around
- Using the gym ball

## I'd like the following to be present during labor and delivery:

NB: Only one person can be present at a time.

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Husband      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Care Partner | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Parent       | <input type="checkbox"/> Other    |

## For pain relief, I'd like to use:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Massage              | <input type="checkbox"/> Others   |

## I'd like fetal monitoring to be:

- Continuous
- Intermittent as long as the baby and I are doing fine

## During labor, I'd like:

- The lights dimmed in the LDR room
- The curtains closed in the LDR room
- The room to be as quiet as possible
- My own music to be played
- Aromatherapy to be available
- To have as few interruptions as possible
- My care partner to film and/or take pictures
- My care partner to provide me with massage
- To drink fluids if approved by my doctor
- Others

## As the baby is delivered, I would like to:

- Push spontaneously
- Push as directed
- Push without time limits, as long as the baby and I are not at risk
- Use a mirror to see the baby crown
- Touch the head as it crowns
- Let the epidural wear off while pushing
- Have a full dose of epidural
- Avoid forceps usage
- Avoid vacuum extraction

### If a C-section is necessary, I would like:

- My care partner to be present during the operation (if hospital policy allows it)
- My care partner to perform skin-to-skin as soon as possible

### Immediately after delivery, I would like:

- My care partner to cut the umbilical cord in case of normal delivery
- To put the baby skin-to-skin
- My care partner to put the baby skin-to-skin
- To delay cutting the umbilical cord after seeking the approval of my physician
- To have the umbilical cord stem cell freezing (I will choose and contact the company myself)

### I would like to breastfeed:

- As soon as possible after delivery
- Later
- Never

### I'd like to feed baby:

- Breastfeeding exclusively
- Formula feeding exclusively
- Mixed feeding

### I'd like baby's first bath given:

- Starting 12 hours
- Within/after 24 hours
- In my presence
- In my care partner's presence
- By the midwife
- By me under the midwife's supervision
- By my care partner under the midwife's supervision

### I'd like baby to stay in my room:

- 24-hours rooming in if hospital policy allows it.
- Others

### If we have a boy, a circumcision should:

- Be performed
- Not be performed
- Be performed later

### If baby is transferred to the neonatal intensive care unit, I'd like:

- To breastfeed or provide pumped breast milk
- To hold him or her whenever possible
- To visit him or her at NICU frequently

### After birth, I'd like to stay in the hospital:

- As long as my condition requires
- As briefly as possible

### I'd like my care partner:

- To have unlimited visiting
- To sleep in my room (for semi private rooms, only female care partners are allowed)
- To be involved in my care decision-making
- To participate in my educational sessions
- To participate in discharge education/learn skills to prepare for home and baby care
- To provide assistance with walking/getting up and down
- To coordinate for my discharge and arrange for baby's birth certificate
- To assist/observe while changing my dressing when applicable

### Extra wishes:

---

---

---

Patient's Signature: \_\_\_\_\_

Care Partner's Signature: \_\_\_\_\_

We wish you a safe, smooth, and healthy delivery!

#### MATERNITY DEPARTMENT

Bellevue Medical Center  
Mansourieh El Metn- Lebanon  
P.O. BOX 295  
Tel 01-698334 (direct line)  
Or 01-682666 – ext. 2410  
Email: [info@bmc.com.lb](mailto:info@bmc.com.lb)  
Website: [www.bmc.com.lb](http://www.bmc.com.lb)