POSTPARTUM PLAN

- ❑ Unless required for health reasons, I do not wish to be separated from my baby.
- ❑ I would like the baby to stay with me during the day and night, and for baby care to be done in the room whenever possible.
- ❑ I am planning to breastfeed and would like to do so whenever the baby is hungry.
- ❑ I do not want the baby to be given a pacifier.
- ❑ Unless medically necessary, I do not want the baby to be given any bottles, including glucose water or plain water.
- ❑ I would like to meet with a Lactation Consultant or Breastfeeding Consultant.
- ❑ I do not plan to breastfeed.
- ❑ I am unsure of whether I want to breastfeed or not and would like more information about breastfeeding.
- ❑ If the baby is a boy, I do not want him to be circumcised.
- ❑ If the baby is a boy, I do want him circumcised and would like the opportunity to decide whether or not to observe the procedure.
- ❑ I plan on my support person staying overnight with me while I am in the hospital.
- ❑ I would like to have my family and friends visit me at their convenience during visiting hours.
- ❑ I want the postpartum time to be an intense bonding experience for my immediate family, and only want certain people to visit. Upon admission I will provide a list of these people to my nurse.
- ❑ Other: _____

_____

I understand that my plan will be followed unless my situation becomes medically unsafe.

_____

Mom-to-be Name Printed

_____

Mom-to-be Signature Date

_____

Physician's Signature Date

Lake Charles Memorial
Hospital for Women
FAMILY BIRTH CENTER

A personalized birth experience