

INDIVIDUALIZED BIRTHING PLAN

Name: _____

BABY'S NUTRITION	Yes	No
I would like to breast feed only.		
I plan to breast feed with formula supplementation if needed.		
I plan to bottle feed only.		
I would like to request an appointment with a breastfeeding educator/ consultant.		
ROOMING-IN		
I understand that my baby & I are cared for together during our hospital stay, but I have the option of having my baby go to the nursery.		
CONFIDENTIALITY		
My name and room number may be given out at the hospital switchboard.		
I would like to purchase professional photos of my baby from the photo contract service.		
I understand that I may choose to post my baby's picture on Webnursery.com		
AT BIRTH		
I would like 20 minutes of privacy after birth with my significant other & baby.		
I understand that only 3 people are allowed in the Labor & Delivery room at a time.		
I understand that no photography is allowed until the baby is delivered and permission is granted by the physician.		
AFTER DELIVERY		
I would like to have my baby circumcised at RCH if possible.		
My baby's doctor is:		
My insurance is:		
I understand discharge time is 11:00 am (unless medically indicated otherwise).		
SPECIAL NEEDS		
Dietary or religious restrictions:		
Other needs:		

Signature: _____

Date: _____