

Welcome to Natividad

We are so excited that you have chosen us for the birthplace of your baby! We are here for you, every step of the way. Honor this time. Make it count for you and your family. Remember to take the time to enjoy your baby/babies and yourself.

Here at Natividad, it is our sincerest hope to give you the birth and recovery experience that you desire. The following information is to help our staff understand the things that are important to you during this excellent journey. Please understand that there may be situations where together, we will discuss alternatives to your plan of care for the safety of you and your baby. However, we will make every effort to honor your wishes as much as possible. It's important to us that we provide the safest birth experience for you and your baby.

We are proud to be a Baby-Friendly Certified Hospital which means that we support breastfeeding. All of our staff have been trained to help moms with breastfeeding. If at any time you have a question regarding what it means to be "Baby-Friendly", please feel free to ask.

Here are some suggestions of things to pack for your hospital stay:

For You:

- This plan
- Robe
- Pajamas or comfortable clothes to wear
- Underwear
- Deodorant
- Toothbrush/toothpaste
- Soap and Shampoo
- Hairbrush
- Slippers or Flip flops
- Body lotion
- Camera

For Your Baby:

- Diaper bag
- At least 1 outfit for baby to wear home
- Baby blankets
- Baby book (optional)
- Car seat: bring it to the hospital but leave it in your car until you have been discharged

We look forward to caring for you and your precious little one!

Sincerely,

The Staff at Natividad

New Beginnings

Please tell us a little bit about yourself:

Name: _____ Due Date: _____

Clinic: _____

Father of the Baby/Partner's name: _____ Will they be at the delivery? Y N

Support person's name: _____ Relationship to you: _____

My delivery is planned as a:

- Vaginal Delivery Cesarean Section Vaginal Delivery after Cesarean (VBAC)

Please Note:

- I am GBS positive I have Gestational Diabetes I have a history of high blood pressure

Other _____

During Labor

During labor I would like: *(check all that apply)*

- A relaxing atmosphere To walk around as much as possible To eat if possible
 My partner/support person to be present the entire time To stay hydrated by drinking fluids
 Other _____

Pain Relief:

- Please make suggestions for pain relief as needed
 Please do not ask me if I want pain medication, I will request pain medication as needed

I would like to use: *(check all that apply)*

- Breathing techniques/distraction Sitting in a rocking chair Shower
 Walking Warm blankets Massage

If I decide I would like medication as pain relief I'd prefer:

- Medication in my IV Epidural

Vaginal Delivery

As my baby arrives, I would like to: *(check all that apply)*

- Use a mirror to see my baby while pushing Touch my baby's head as it is crowning
 Have the room as quiet as possible Avoid an episiotomy unless my doctor feels it's necessary

After Delivery: *(check all that apply)*

- I would like to place my baby skin to skin
- I would like my partner to cut the cord
- I would like to breastfeed immediately
- I would like all assessments/ procedures to be done while skin to skin with my baby

Cesarean Section

I would prefer: *(check all that apply)*

- My partner to be present
- The screen lowered so I can see my baby
- That my baby be given to my partner to hold as soon as possible

After Delivery: *(check all that apply)*

- I would like my partner to stay with my baby as much as possible
- I would like to be skin to skin with my baby as soon as possible
- I would like to breastfeed in the recovery room as soon as possible

Education Topics I am Interested in Getting More Information About

(check all that apply)

- Breastfeeding
- Postpartum Depression
- Caring for my Incision
- Bathing my Baby
- Sleep Safety
- How to Take my Baby's Temperature
- Pain control
- Birth Control Options
- How to Change my Baby's Diaper
- Circumcision
- Car Seat Safety
- Diabetes Management
- Vaccinations
- Choking/Bulb Syringe
- Bleeding after Delivery
- Cord Care

Your Precious Bundle Of Joy

If you have already decided, please share with us the name of your daughter or son: _____

I'd like my baby's first bath to be given: *(check all that apply)*

- In my presence
- In the presence of my partner/baby's father

I would like my baby's medical exams and procedures to be done: *(check all that apply)*

- In my presence
- In the presence of my partner/baby's father

I want to feed my baby:

- Only with breast milk
- Only with formula
- With both breast milk and formula

Have you breastfed in the past?

- No
- Yes How long did you breastfeed? _____

If I have a son, I want a circumcision to:

- Not be done
- Be performed in the hospital
- Be done after going home

If my baby needs monitoring in the Neonatal Intensive Care Unit, I would like: *(check all that apply)*

- My partner and I to accompany our baby to the NICU whenever possible
- To breastfeed and be provided with a breast pump to pump my milk out
- To hold my baby whenever possible

Upon discharge, it's important to me that I bring home: *(check all that apply)*

- The cord clamp used on my baby A set of my baby's footprints
- My baby's crib card The hospital ID bands worn by me and my baby
- Any important medical documents that were given to us
(vaccination record, hearing test result, discharge instructions)

Notes or comments for the staff caring for you and your baby: _____

Please remember to bring this paper with you when you come to the hospital.