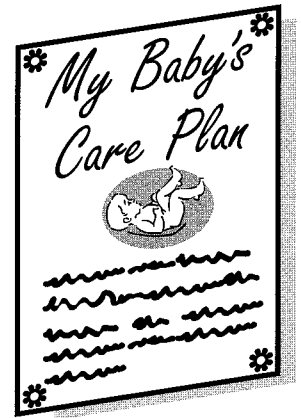


Baby Care Plan*



1. The names I have chosen for my baby are:

If a boy: _____

If a girl: _____

I chose these names because:

2. My baby's doctor or health care provider is _____,

the address is _____, and the phone number is _____.

3. Feeding (circle choices):

• I plan to: breastfeed bottle feed a mixture of both

• I plan to use: breast milk formula both

• I plan to feed my baby: on demand on a schedule unsure

• I would like: some assistance with feeding at first some time alone to explore feeding with my baby

• I would like a feeding consultant to visit me in the hospital: Yes No

4. The first few minutes after birth:

I understand that right after birth the medical staff will need to do several things for my baby, including checking the baby's breathing, heart rate, and reflexes; giving an injection of Vitamin K; and taking care of my baby's eyes. I also know they will clean my baby up.

___ I would like to hold my baby as soon as possible after birth.

___ I want to wait until all the procedures are done before I hold my baby.

___ I want to wait until all the procedures are done and the baby has been cleaned up before I hold my baby.

5. The most important things to me after my baby is born are:

___ Having my baby right next to me all the time.

___ Having my baby in the nursery some of the time so I can rest.

___ Having my spouse/boyfriend/partner there to support me.

___ Having my friends and family visit.

___ Giving my baby all of the feedings.

___ Other: _____

* Peacock-Albers, M. (1996) Childbirth Education Plan, unpublished.

6. I have the following concerns that I would like explained to me:

- | | |
|--|---|
| <input type="checkbox"/> my health | <input type="checkbox"/> when my baby should see the doctor |
| <input type="checkbox"/> my recovery | <input type="checkbox"/> breast feeding |
| <input type="checkbox"/> breast feeding breast care | <input type="checkbox"/> bottle feeding |
| <input type="checkbox"/> breast care & drying up my milk | <input type="checkbox"/> family support |
| <input type="checkbox"/> my baby's health | <input type="checkbox"/> help with the baby |
| <input type="checkbox"/> care of the baby's skin | <input type="checkbox"/> exercise after delivery |
| <input type="checkbox"/> care of the baby's hair | <input type="checkbox"/> sexual intercourse after delivery |
| <input type="checkbox"/> diapering | <input type="checkbox"/> who should be allowed to see the
baby |
| <input type="checkbox"/> baby's sleep | <input type="checkbox"/> circumcision |
| <input type="checkbox"/> getting my own sleep | |
| <input type="checkbox"/> what I should be eating | |

7. My decisions on circumcision, if I have a boy:

- | | |
|--|---|
| <input type="checkbox"/> No circumcision | <input type="checkbox"/> Do the procedure in the hospital |
| <input type="checkbox"/> I do want my baby to be
circumcised | <input type="checkbox"/> Do the procedure out of the
hospital |
| <input type="checkbox"/> I want to be there to comfort my
baby for the circumcision | <input type="checkbox"/> I need more information on
caring for the circumcision. |
| <input type="checkbox"/> Give my baby anesthesia | <input type="checkbox"/> I need more information on
circumcisions in general |
| <input type="checkbox"/> No anesthesia | |

8. I have decided to use:

cloth diapers

disposable diapers

9. Any additional plans or concerns: