



North Memorial
Medical Center

3300 Oakdale Avenue No.
Robbinsdale, MN 55422-9988

BIRTH PLAN

(optional)

Fill out your birth plan and bring it with you when you come to North Memorial Medical Center for the birth of your baby. This will help your health care providers, family and birth partner understand what is important to you. **We will follow your wishes as much as we can provided that you and your baby are not at risk.**

Your Name: _____ Your Birth Partner's Name: _____

Name of Your Health Care Provider: _____

Name of Your Baby's Health Care Provider: _____

Personal information you would like the nursing staff to know about you (example: past life experiences that may affect this birth; fears; strong feelings about pain medications):

During labor & birth, I would like (examples: pain relief options, role of birth partner):

I have special cultural and/or spirituals needs (please list): _____

I need an interpreter (foreign language or signing): _____

After the birth, I would like: _____

For questions or concerns, please contact our birthing advocate at (763) 520-1366.

For more detailed information regarding our services, visit our Web site at:

www.northmemorial.com