

MY BIRTH PREFERENCES

Discuss the following with your midwife and your partner. Choose more than one option to ensure your birth plan is a flexible one.

MY DETAILS

Name: _____ Contact Number: _____

Email Address: _____

Birth Partner's Name: _____ Contact Number: _____

Due Date: _____

Name of obstetrician / midwife: _____

Other birth-support (doula / other family / companion): _____

I would like to give birth

- In a hospital: _____
- At a Birth Centre: _____
- At home
- Not sure yet

LABOUR & BIRTH

Environment

- I'm ok to have training medical staff observing my labour & birth
- I would prefer not to have training medical staff observing
- I would like to wear my own clothes
- Other: _____

Mobility during labour

- I would like to keep active during labour
- I don't want to move around during labour
- I don't know yet

Birthing Equipment

- I'd like to use equipment like mats, balls, or beanbags during labour
- I don't plan to use equipment during labour
- I'm not sure
- Other: _____

Special facilities

- I would like to use a special LDRP room, if available
- I would like to use a birthing pool, if available
- I would like to use other special facilities
- I am not sure yet
- Other: _____

Positions for labour & birth

- Walking
- In bed
- Birth stool
- Standing
- Sitting
- Kneeling
- Kneeling on all fours
- Squatting
- Lying on my side
- I'm not sure
- Other: _____

Foetal Monitoring

- Continuous monitoring (this will mean limited mobility)
- Intermittent monitoring
- No monitoring – except in emergency situations

Pain Relief options

- I would like to try breathing and relaxation
- I would like to try being in water during labour and/or birth
- I would like to try massage
- I would like to try acupuncture
- I would like to try TENS (transcutaneous electrical nerve stimulation)
- I would like to try gas and air (Entonox)
- I would like to try pain-relieving injections
- I would like to try an epidural
- I would like to try other methods of pain relief
- I would like to try to manage without pain relief
- Other: _____

Episiotomy

- I do not want an episiotomy unless there is an emergency situation
- I would like an episiotomy to reduce the risk of tearing

Delivery

- I would like to touch the baby's head when it crowns
- I would like a mirror available to view pushing/crowning/birth
- Other: _____

Immediately following delivery

- I want my baby placed on my chest immediately after birth
- Please delay cord clamping and cutting until pulsating ceases
- I would like my birth partner to cut the cord
- I would like to cut the cord
- My birth partner does not want to cut the cord
- I would like to hold my baby when the placenta is delivered
- I don't want an injection to assist with placenta delivery
- I would like my baby to be examined in my presence
- If my baby can't be examined in my presence, I would like my birth partner to remain with my baby at all times
- I want to donate cord blood to the public cord blood bank (if service is available)
- Other: _____

Assisted delivery

- If additional medical assistance is required for the birth I would prefer:
- Assisted delivery – forceps
- Assisted delivery – ventouse
- Caesarean section

Caesarean

- In the event a c-section is deemed necessary, I would like the following:
- Birth partner present
- Other support present
- Screen lowered at delivery
- I would like the procedure described as it is happening
- Photos/video
- Other: _____

BABY CARE

Feeding my baby

- I would like to breastfeed my baby
- I would like to bottle-feed my baby
- I would like to try a mixture
- I don't know yet
- Other: _____

Vitamin K

- I would like my baby to have a single injection of Vitamin K
- I would like my baby to have oral Vitamin K
- I don't want my baby to have Vitamin K
- I don't know yet

Special requirements

- English is not my first language; I need someone present who speaks my first language

- I need a sign language interpreter
- I have special dietary requirements
- I and/or my partner have special needs
- I would like certain religious customs to be observed
- Other: _____

General comments

My signature: _____ **Date:** _____

Healthcare Provider's Name: _____

Healthcare Provider's signature: _____ Date: _____