

# YOUR BIRTH PLAN



NAME \_\_\_\_\_ DUE DATE \_\_\_\_\_

## PERSONAL INFORMATION

My birth partner(s) will be \_\_\_\_\_

We wish to record the birth \_\_\_\_\_

I would like to wear \_\_\_\_\_ during my labour and \_\_\_\_\_ during the birth.

I will / will not allow training medical staff to observe my labour or birth \_\_\_\_\_

I would like to have music playing / aromatherapy / \_\_\_\_\_

## HOSPITAL PROCEDURES

Foetal monitoring \_\_\_\_\_

Internal examinations \_\_\_\_\_

Induction \_\_\_\_\_

## BIRTH EQUIPMENT

I would like to use a \_\_\_\_\_ during my labour and birth.

## PAIN RELIEF

I plan to utilise Positioning / Heat Rocks / Acupressure / Massage / Breathing / Relaxation / Bath / Shower / Pool / Homeopathy

If I need to use medical forms of pain relief my choice is \_\_\_\_\_

Gas & Air / Entonox \_\_\_\_\_

Pethidine \_\_\_\_\_

Epidural \_\_\_\_\_

I wish to wait for \_\_\_\_\_ minutes after first asking for medical pain relief before it is administered so I can reconsider my request.

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## MANAGEMENT OF YOUR LABOUR

My preferred positions for labour \_\_\_\_\_

I would like to have access to a shower / bath \_\_\_\_\_

I wish to remain active and mobile when in labour \_\_\_\_\_

I wish to keep internal examinations and foetal monitoring to a minimum \_\_\_\_\_

I prefer not to have an episiotomy \_\_\_\_\_

## BIRTH OF YOUR BABY

My preferred position for birth is \_\_\_\_\_

I would like to use mirrors to see my baby being born \_\_\_\_\_

I wish to touch and assist my baby during birth \_\_\_\_\_

I / my partner wishes to cut the umbilical cord \_\_\_\_\_

If my baby needs to be assisted during the birth I prefer to use \_\_\_\_\_

## AFTER THE BIRTH OF YOUR BABY

Birth of my placenta should be unassisted / assisted by syntocinon \_\_\_\_\_

We do / do not wish to take our placenta home with us \_\_\_\_\_

We agree to all routine tests and examinations performed on our baby \_\_\_\_\_

I wish to be the first person to hold my baby \_\_\_\_\_

I wish my baby to be placed skin-to-skin with me as soon as possible after the birth and remain with me for \_\_\_\_\_ length of time.

If I am incapacitated, \_\_\_\_\_ will be the first person to hold our baby.

\_\_\_\_\_ will accompany our baby if s/he is taken from the birthing suite for any reason.

We would appreciate photos of us as a family \_\_\_\_\_