

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.

YOUR BIRTH PLAN

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 _____