

### MY BIRTH PLAN

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

### MY INFORMATION

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

We wish to record the birth YES  NO

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 (delete as appropriate)

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

### MY PREFERENCE ON HOSPITAL PROCEDURES

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

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

Induction \_\_\_\_\_

### MY 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 / Other \_\_\_\_\_

If I need to use medical forms of pain relief my choice is: **Gas & Air (Entonox) / Pethidine / Epidural**  
Other \_\_\_\_\_

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

### MANAGING MY LABOUR

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

I would like to have access to a shower / bath YES  NO

I wish to remain active and mobile when in labour YES  NO

I wish to keep internal examinations and foetal monitoring to a minimum YES  NO

I prefer not to have an episiotomy YES  NO

**MY BIRTHING**

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

I would like to use mirrors to see my baby being born    **YES**        **NO**   

I wish to touch and assist my baby during birth                      **YES**        **NO**   

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

I would like to delay cord clamping for \_\_\_\_\_ minutes after birth

I / my partner wishes to cut the umbilical cord                      **YES**        **NO**   

I would like to **store / donate / discard** my child's cord blood and tissue (delete as appropriate)

**AFTER THE BIRTH OF YOUR BABY**

Birth of my placenta should be **unassisted / assisted by syntocinin** (Delete as appropriate)

We agree to all routine tests and examinations performed    **YES**        **NO**   

I wish to be the first person to hold my baby                      **YES**        **NO**   

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

**ADDITIONAL NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

