

MY BIRTH PLAN

Name: Due Date:/...../.....

Where I want to give birth:

- Hospital Birthing unit At home Undecided

Name or address of birth location:

.....

Birthing partner:

- I want someone with me I don't want someone with me

Name of birthing partner(s):

Relationship to you:

Forceps/Ventouse delivery

- I've had the procedure explained to me & understand it may be necessary during labour

- I'd like this procedure explained to me in more depth

- I'd like my partner or companion with me

Caesarean delivery

- I've had the procedure explained to me & understand it may be necessary during labour

- I'd like an elective c-section

- I'd like my partner or companion with me

MY BIRTH PLAN

Activity during labour:

- I'd like to move around I don't want to move around I don't mind

Positions (tick all that apply):

- In bed with pillows Standing Sitting Kneeling
- Laying on 1 side On all fours Not sure yet

Monitoring:

- I have discussed with my midwife how I'd like my baby's heart to be monitored

Chosen method:

Pain relief options:

- Breathing Massage Pethidine Epidural
- Hypnobirthing Gas & air TENS machine Acupuncture

Other:

Episiotomy:

- I understand it may be necessary I'd rather not have one

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Birthing equipment:

- Beanbag Birthing ball Mats Stool
 TENS machine Pool Unsure
 I will bring my own To be provided (if available)

Special facilities:

- LDRP room Birthing pool

Other:

Skin-to-skin contact:

- I'd like my baby placed straight on me I'd like my partner to hold them first
 I'd like my baby cleaned before given to me I don't mind

Specific requests:

Other considerations:

- I/my partner would like to cut the cord I'd like the clamping of the cord delayed
 I'd like a lotus delivery I don't mind

Feeding my baby:

- Breastfeeding Bottle feeding Mixture Unsure

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Placental delivery:

- I'd like an assisted delivery
- Let it delivery naturally
- I don't mind
- I'd like to keep the placenta
- Please dispose of it
- I'd like to donate it

If you'd like to keep the placenta, have you arranged for collection?

- Yes
- No

Vitamin K:

- I consent to Vit K being given to my baby
- I do not consent

Special Requirements:

- I will need an interpreter as English is not my primary language
- I will need a sign language interpreter
- I have special dietary requirements
- I would like certain religious/cultural customs observed (details given on next page)

