

Printable
MY BIRTH PLAN



Name:

Due Date: / /

Where I want to give birth:

- Hospital Birthing Unit At Home Undecided

Name or address of birth location:

Birth partner:

- I want someone with me I want more than one person with me I'm not sure

Name of birthing partner(s):

Relationship to you:

Forceps/Ventouse deliveries

- I've had the procedure explained to me and understand it may be necessary during my labour
- I'd like this procedure explained to me in more depth
- I'd like my partner or companion with me

Cesarean delivery

- I've had the procedure explained to me and understand it may be necessary during my labour
- I'd like an elective c-section
- I'd like my partner or companion with me



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Activity during labour:

- I would like to move around I wouldn't like to move around I don't mind Undecided

Positions (tick all that apply)

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

Other (please specify)

Monitoring:

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

Chosen method:

Pain Relief Options:

- Breathing & relaxation Massage Pethidine
 Hypnobirthing Acupuncture Epidural
 Gas & air TENS machine None

Other (please specify)

Episiotomy:

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

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Birthing Equipment:

- Beanbag Birthing ball Mats Stool Pool
 TENS machine None of the above I will bring my own
 I'm not sure if I want to use these yet To be provided if available

Special Facilities:

- LDRP room (labour, delivery, recovery, postnatal rooms) Birthing pool

Other (please specify)

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:

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

Feeding my Baby:

- Breastfeeding Bottle feeding Mixture I'm not sure

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Placental Delivery:

- I'd like an assisted delivery Let it deliver 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 Vitamin 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 and/or my partner have special needs
 I would like certain religious/cultural customs observed (give details below)

Additional Comments:

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Notes:

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