

your birth plan



your pregnancy & birth



PERSONAL ISSUES

My birth partner/s will be

We wish to video 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/ essential oils burning/

HOSPITAL PROCEDURES

Shaving pubic hair

Foetal monitoring

Internal examinations

Induction

BIRTH EQUIPMENT

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

PAIN RELIEF

I intend to have a drug free labour and birth. If I need to use drugs for pain relief my choice is

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Massage/Breathing/Relaxation/Bath/Shower

Gas & Air/Entonox

Pethidine

Epidural

I wish to wait for minutes after first asking for drug 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 while 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 delivery is

I would like to wear for the birth

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

I wish to touch and assist my baby during delivery

I/my partner wishes to cut the umbilical cord

If my baby needs to be assisted during delivery I prefer to use

AFTER THE BIRTH OF YOUR BABY

Delivery of my placenta should be unassisted/assisted by syntocinon

I choose to use the Cord Bank facility

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

We would appreciate photos of us as a family

I wish to be the first person to hold my baby

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

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

Please do/do not wash the vernix caseosa from my baby's skin