### My birth plan

**Your name**

**Your due date**

Name I like to be called i.e Catherine = Cathy

Your birthing companion’s name(s)

### The birth

Is there a particular midwife you would like to be there if she/he is available?

- [ ] Yes*
- [ ] No
- [ ] I don’t mind

* Midwife’s name  * Midwife’s contact number

Would you prefer to be cared for and delivered by women only?

- [ ] Yes
- [ ] No
- [ ] I don’t mind

Are you happy to have student midwives or medical students present at the birth?

- [ ] Yes
- [ ] No

Would you like your birthing partner(s) to be with you throughout labour?

- [ ] Yes
- [ ] Not necessarily

What position would you like to be in for the birth?

- [ ] Standing
- [ ] Birth stool
- [ ] In bed
- [ ] Kneeling
- [ ] Water birth
- [ ] Sitting
- [ ] Squatting
- [ ] Birth ball
- [ ] Side lying
- [ ] Other

### Pain relief

Would you like any pain relief?

- [ ] Yes
- [ ] No
- [ ] Would like to be advised by midwife

What pain relief would you like?

- [ ] Entonox (gas & air)
- [ ] TENS
- [ ] Pethidine
- [ ] Epidural
- [ ] I don’t mind
- [ ] Alternative therapy i.e. massage, aromatherapy
- [ ] Other

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If an assisted delivery is necessary, which method would you prefer?
- Ventouse
- Forceps
- Will allow midwife / obstetrician to make choice

How do you feel about having an episiotomy if it was required?
- Only if necessary
- I’d like to avoid having one

Would you like your partner to cut the umbilical cord?
- Yes
- No
- Will allow midwife / obstetrician to make choice

Would you like your baby put straight onto your tummy or cleaned up first?
- Onto my tummy
- Cleaned up first

Would you like to be told the sex of your baby?
- Yes
- No, I want to make the discovery myself
- I already know the sex of my baby
- I would like my partner to tell me

How would you like the placenta to be delivered?
- Naturally without drugs
- With an injection to help the uterus contract

How would you like your baby to be given vitamin K?
- Orally
- By injection
- I don’t mind

How are you planning to feed your baby?
- Breast feed
- Formula feed

Would you like help with breast feeding / formula feeding?
- Yes
- No

Do you have any special needs, whether they’re related to your, culture, religion, your diet, or any disabilities?
- No
- Yes

Please write any other preferences for labour and after the birth below

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