# My Birth Plan

## My Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Birth Partner’s name:</td>
<td>Birth Partner’s contact number:</td>
</tr>
<tr>
<td>Baby’s due date:</td>
<td></td>
</tr>
<tr>
<td>Name of Obstetrician / Midwife:</td>
<td></td>
</tr>
<tr>
<td>Other birth-support (doula / other family):</td>
<td></td>
</tr>
<tr>
<td>Special dietary requirements for me:</td>
<td></td>
</tr>
<tr>
<td>Special dietary requirements for my Birth Partner:</td>
<td></td>
</tr>
<tr>
<td>My length of stay in hospital-</td>
<td></td>
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<tr>
<td>☐ I would like to go home from the Birth Unit, with home visits from a midwife</td>
<td></td>
</tr>
<tr>
<td>Any other special needs for me &amp;/or my birth partner? (language, religion, disability, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

## My Labour & Birth

### Environment

- ☐ dim lights
- ☐ quiet music
- ☐ aromatherapy
- ☐ wear my own clothes
- ☐ other-

### Monitoring my baby’s heartbeat ❤

- ☐ If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile
- ☐ I am happy to be monitored intermittently

### Vaginal / Cervix examinations

- ☐ I would prefer minimal examinations
- ☐ I am happy for examinations as deemed necessary by staff

### Relaxation and comfort during labour

- ☐ massage
- ☐ bath
- ☐ other-
- ☐ shower
- ☐ fit ball
- ☐ bean bag
- ☐ warm packs
- ☐ acupressure
- ☐ hypnotherapy

### Pain relief

- ☐ Do not offer me pain relief – I will ask if I want pain relief
- ☐ Only offer pain relief if I appear uncomfortable
- ☐ Please offer pain relief as soon as possible
Mobility during labour

- I would like to keep active during labour if possible (walking, fit ball, etc.)
- Mobility is not important to me

Medical pain relief options

Number any acceptable options in order of preference:

- I prefer to try to manage without medical pain relief options
- gas (nitrous oxide) / air
- sterile water injections for back pain
- epidural
- morphine
- other-

Rupturing of the amniotic sac

- I prefer my amniotic sac be allowed to rupture on its own

Episiotomy

- I do not want an episiotomy unless there is an emergency situation
- If indicated, an episiotomy is acceptable
- Unsure (please talk to your health care provider)

Position/s for labour and birth

Tick as many as you like – underline your preferred birth position:

- walking
- standing
- other-
- squatting
- sitting
- kneeling
- lying down
- birth stool
- water birth

Birth

- I would like to touch my baby’s head when it crowns
- I would like a mirror available to view the pushing / crowning / birth
- I do not want to be told my baby’s sex – I want to discover first-hand
- I would like my partner / support person to receive my baby as I give birth

Assisted birth

If additional medical assistance is required for the birth, I have read information about:

- assisted birth – forceps
- assisted birth – ventouse
- Caesarean section
- unsure (please talk to your health care provider)

Caesarean

In the event that a caesarean section is deemed necessary, I would like the following:

- birth partner present
- I do not want to be separated from my partner & baby
- photos / video
- I would like the procedure described to me as it is happening
- screen lowered at birth
- I would like quiet music playing
- delayed cord clamping
- I want my baby placed on my chest immediately after birth (skin-to-skin)
- other-
### Immediately following birth

Tick as many as you wish:

- [ ] I want my baby placed on my chest immediately after birth (skin-to-skin)
- [ ] Please delay cord clamping and cutting until pulsating ceases
- [ ] I would like to cut my baby’s cord
- [ ] I would like my birth partner to cut the cord
- [ ] I would like to hold my baby while the placenta is delivered
- [ ] I would like to have a Syntocinon injection to reduce bleeding
- [ ] I would like a physiological management of the 3rd stage (placenta)
- [ ] I would like the baby to be examined in my presence
- [ ] If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
- [ ] Unsure (please talk to your health care provider)
- [ ] Other-

### My Baby’s Care

#### If my baby needs to go into a special care nursery due to medical reasons

- [ ] I would like to breastfeed / express breast milk for my baby
- [ ] Assistance to nurse my baby skin-to-skin
- [ ] Other requests:

#### Feeding my baby

- [ ] I wish to breast feed
- [ ] I wish to formula feed, with my preferred formula being ________________________________

#### Vitamin K for my baby

- [ ] I would like my baby to have the single injection of Vitamin K
- [ ] I would like my baby to have oral Vitamin K
- [ ] Unsure (please talk to your health care provider)

#### Hepatitis B for my baby

- [ ] I would like my baby to be vaccinated with Hepatitis B vaccine before discharge
- [ ] Unsure (please talk to your health care provider)

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**Your signature:**  

**Date:**

**Healthcare Provider’s name:**

**Healthcare Provider’s signature:**  

**Date:**