## Birth plan

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ob/Midwife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that I have:

* Group B Streptococcus
* I am RhD negative
* Have gestational diabetes

I am planning a:

* Vaginal delivery
* Caesarean birth
* VBAC
* Water birth

During labour and birth, I would like to be kept informed of how things are progressing and the health and wellbeing of my baby. I would like to be informed and involved in any decisions made about any interventions or procedures that may be required. If I am unable to make an informed decision or give my informed consent I would like my partner/support person to do so on my behalf.

I’d like the following people present during my labour and birth:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During labour, I would like:

* The lights dimmed
* Music playing
* My partner to be present always
* To move around freely
* To use the bath and/or shower
* As few vaginal exams as possible
* Foetal monitoring only as required

I plan to manage pain using:

* Nothing
* Breathing techniques
* Acupressure
* Cold/heat packs
* Massage
* Water immersion
* War shower
* Meditation
* TENS
* Walking / movement / active birth techniques
* Nitrous oxide
* Pethidine
* Epidural anaesthesia

I would like pharmacological pain relief;

* Only when I request it
* Offered to me by my care providers as required
* Never

I would like an episiotomy:

* Only as a last resort
* Performed rather than risk a tear
* If deemed necessary by my doctor/midwife
* Never

During the birth of my baby I would like to:

* Push spontaneously
* Push as directed
* Avoid forceps or vacuum assistance if possible
* Be given injection of synthetic oxytocin to help deliver the placenta

After my baby is born I would like:

* Skin to skin contact immediately
* Delay clamping of umbilical cord
* My partner to cut the umbilical cord
* To keep the cord blood
* To keep the placenta
* To stay with my baby at all times if possible
* My partner to stay with baby if I cannot

I plan to:

* Exclusively breastfeed
* Formula feed
* Combined feeding
* Feed on demand
* Feed on schedule

I agree to the following medical exams and procedures;

* Vitamin K at birth
* Hepatitis B vaccine
* Newborn Screening test
* Newborn Hearing Screen

If my baby is not well, I would like:

* My partner and/or I to accompany him/her to NICU or other facility
* To breastfeed or provide expressed breastmilk
* To hold him/her whenever possible
* Be informed and involved in decision making regarding his/her condition

Other comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_