

# BIRTH PLAN

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

Partner's Name: \_\_\_\_\_

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

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

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

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:

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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:

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