

Birth plan

Mum's details

Name Contact number

Email address

Birth Partner's name Contact number

Due date

Name of Obstetrician/Midwife

Other birth support (Doula/other family/friend) Blood type

Where do you want to give birth?

Hospital:

Birth Centre:

At home

Not sure yet

Labour and birth

My preferences are:

Environment

- Dim lights
- Okay to have training medical staff observe labour and birth
- Doula/birth attendant
- Quiet music
- Other

Position(s) for labour and birth

Tick what your preferred positions are:

- Walking
- Standing
- Squatting
- Sitting
- Kneeling
- Lying down
- Birth stool
- Floor mat
- Other

Mobility during labour

- I would like to keep active during labour if possible (walking, birth ball, etc.)
- Rest on the bed/floor mat/birth ball as needed

Relaxation and comfort during labour

- Massage
- Bath/birth pool
- Shower
- Fit ball
- Bean bag
- Warm towels/packs
- Cool towels/packs
- Acupressure
- Hypnotherapy
- Other

Birth plan cont.

I would like to discuss the following with my midwife or obstetrician prior:

- Vaginal/cervix examinations
- Pain relief (gas/air, pethidine, epidural, TEMS machine, water)
- Episiotomy
- Assisted delivery (Forceps, Ventouse, Caesarean section)
- Artificial breaking of waters
- Foetal monitoring
- Hormone drip
- Urinary catheter

If all is well with you and baby:

- I would like to touch baby's head when it crowns
- I would like a mirror available to view pushing/crowning/birth
- I want my baby placed skin to skin on my chest immediately after birth
- I would like my birth partner to cut the cord
- I would like to cut the cord
- I want to bank cord blood privately

Name:

Signature:

Date:

Healthcare Provider's Name:

Healthcare Provider's Signature:

Date:

Baby Care

Feeding Baby

- I wish to breastfeed exclusively
- I wish to breastfeed, but formula supplementation is acceptable if medically indicated
- I wish to formula feed
- I do not want baby to be given a pacifier

Vitamin K/Hepatitis B vaccination

- I would like my baby to have the single injection of Vitamin K
- I would like my baby to have oral Vitamin K
- I would like my baby to be vaccinated with Hepatitis B vaccine before discharge

Any special dietary requirements:

Any other special needs for new Mum and/or birth partner (language, religion, disability, etc)

Umbilical Cord Blood and Tissue Banking:

- I am collecting and storing my baby's cord blood (Private Banking) with _____