



My birth plan

Your first name: _____

Your surname: _____

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

Your birthing companion's name(s): _____

Your due date: _____

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

Yes

No

If yes, midwife's name: _____

Midwife's phone number: _____

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

Squatting

Kneeling

Sitting

In bed

Side lying

Birth stool

Birth ball

Water birth

Other: _____

How would you like the atmosphere in the room?

Quiet

Low lighting

Music/radio playing in the background

Other: (please specify) _____

If possible, would you prefer to be cared for and delivered by a woman?

Yes

No

I don't mind

Student midwives or medical students can provide invaluable support to parents during labour.

If possible, are you happy to have them present at the birth?

Yes

No

I don't mind

Pain relief

Would you like any pain relief?

Yes

No

Would like to be advised by midwife

As little as possible

I'd like to decide at the time

What pain relief would you like?

Entonox (gas & air)

Pethidine

I don't mind

TENS

Epidural

Birthing pool

Alternative therapy i.e. massage, aromatherapy: _____

Other: _____

Assisted delivery

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 an episiotomy if required?

- Only if necessary I'd like to avoid having one

After the birth

Would you like your partner to cut the umbilical cord?

- Yes No

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
 I don't want my baby to be given vitamin K

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 religion, your diet, or any disability?

- Yes

- No

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

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