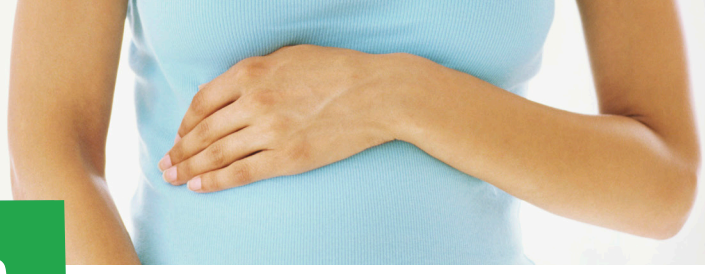


My birth plan

Your name	Your due date
Name I like to be called i.e Catherine = Cathy	
Your birthing companion's name(s)	

The birth

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

○ Yes*	○ No	○ I don't mind

* Midwife's name * Midwife's contact number

Would you prefer to be cared for and delivered by women only?

○ Yes	○ No	○ I don't mind

Are you happy to have student midwives or medical students present at the birth?

○ Yes	○ No

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	○ Birth stool	○ In bed	○ Kneeling	○ Water birth
○ Sitting	○ Squatting	○ Birth ball	○ Side lying	
○ Other				

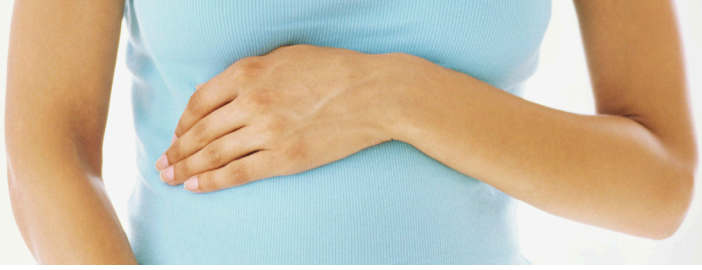
Pain relief

Would you like any pain relief?

○ Yes	○ No	○ Would like to be advised by midwife	

What pain relief would you like?

○ Entonox (gas & air)	○ TENS	○ Pethidine	○ Epidural	○ I don't mind
	○ 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 having an episiotomy if it was 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
- ○ Will allow midwife / obstetrician to make choice

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

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, culture, religion, your diet, or any disabilities?

- ○ No
- ○ Yes

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