Women's & Newborn Health
Westmead Hospital

My Birth Plan

Example

My Details

Name:	Contact number:
Email address:	
Birth Partner's name:	Birth Partner's contact number:
Baby's due date:	
Name of Obstetrician / Midwife:	
Other birth-support (doula / other family):	
Special dietary requirements for me:	
Special dietary requirements for my Birth Partner:	
My length of stay in hospital-	
❒ I would like to go home from the Birth Unit, with home visits from a midwife	
Any other special needs for me &/or my birth partner? (language, religion, disability, etc.)	

My Labour & Birth

Environment

❒ dim lights	❒ quiet music
❒ aromatherapy	❒ wear my own clothes
❒ other-	

Monitoring my baby's heartbeat ♥

❒ If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile
❒ I am happy to be monitored intermittently

Vaginal / Cervix examinations

❒ I would prefer minimal examinations
❒ I am happy for examinations as deemed necessary by staff

Relaxation and comfort during labour

❒ massage	❒ bath	❒ other-
❒ shower	❒ fit ball	
❒ bean bag	❒ warm packs	
❒ acupressure	❒ hypnotherapy	

Pain relief

❒ Do not offer me pain relief – I will ask if I want pain relief
❒ Only offer pain relief if I appear uncomfortable
❒ Please offer pain relief as soon as possible

Mobility during labour

❒ I would like to keep active during labour if possible (walking, fit ball, etc.)

❒ Mobility is not important to me	❒
❒	❒

Medical pain relief options

Number any acceptable options in order of preference:

❒ I prefer to try to manage without medical pain relief options

❒ gas (nitrous oxide) / air	❒ sterile water injections for back pain
❒ epidural	❒ morphine

❒ other-

Rupturing of the amniotic sac

❒ I prefer my amniotic sac be allowed to rupture on its own

Episiotomy

❒ I do not want an episiotomy unless there is an emergency situation

❒ If indicated, an episiotomy is acceptable

❒ Unsure (please talk to your health care provider)

Position/s for labour and birth

Tick as many as you like – underline your preferred birth position:

❒ walking	❒ standing	❒ other-
❒ squatting	❒ sitting	
❒ kneeling	❒ lying down	
❒ birth stool	❒ water birth	

Birth

❒ I would like to touch my baby's head when it crowns

❒ I would like a mirror available to view the pushing / crowning / birth

❒ I do not want to be told my baby's sex – I want to discover first-hand

❒ I would like my partner / support person to receive my baby as I give birth

Assisted birth

If additional medical assistance is required for the birth, I have read information about:

❒ assisted birth – forceps	❒ assisted birth – ventouse
❒ Caesarean section	❒ unsure (please talk to your health care provider)

Caesarean

In the event that a caesarean section is deemed necessary, I would like the following:

❒ birth partner present	❒ I do not want to be separated from my partner & baby
❒ photos / video	❒ I would like the procedure described to me as it is happening
❒ screen lowered at birth	❒ I would like quiet music playing
❒ delayed cord clamping	❒ unsure (please talk to your health care provider)

❒ I want my baby placed on my chest immediately after birth (skin-to-skin)

❒ other-

Immediately following birth

Tick as many as you wish:

- ❒ I want my baby placed on my chest immediately after birth (skin-to-skin)
- ❒ Please delay cord clamping and cutting until pulsating ceases
- ❒ I would like to cut my baby's cord
- ❒ I would like my birth partner to cut the cord
- ❒ I would like to hold my baby while the placenta is delivered
- ❒ I would like to have a Syntocinon injection to reduce bleeding
- ❒ I would like a physiological management of the 3rd stage (placenta)
- ❒ I would like the baby to be examined in my presence
- ❒ If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
- ❒ Unsure (please talk to your health care provider)
- ❒ Other-

My Baby's Care

If my baby needs to go into a special care nursery due to medical reasons

- ❒ I would like to breastfeed / express breast milk for my baby
- ❒ Assistance to nurse my baby skin-to-skin
- ❒ Other requests:

Feeding my baby

- ❒ I wish to breast feed
- ❒ I wish to formula feed, with my preferred formula being _____

Vitamin K for my baby

- ❒ I would like my baby to have the single injection of Vitamin K
- ❒ I would like my baby to have oral Vitamin K
- ❒ Unsure (please talk to your health care provider)

Hepatitis B for my baby

- ❒ I would like my baby to be vaccinated with Hepatitis B vaccine before discharge
- ❒ Unsure (please talk to your health care provider)

Your signature:	**Date:**
Healthcare Provider's name:	
Healthcare Provider's signature:	**Date:**