

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