

## **BIRTH PLAN**

Full name:	
Partner's name:	Doctor's name:
Please note that the following apply to me:         GBS+         RH negative         Gestational diabetes         VBAC         Previous surgery	During delivery I would like to: Bear down in the position I feel comfortable Push spontaneously Push as directed Touch the head as it crowns Avoid forceps usage
During labour I'd like: To wear my own clothes To wear the hospital clothes Music played	<ul> <li>Avoid vacuum extraction</li> <li>Use whatever methods my doctor deems necessary</li> <li>Push without time limits, as long as the baby and I are not at risk</li> </ul>
<ul> <li>Induste played</li> <li>The lights dimmed</li> <li>My partner to take pictures</li> <li>My partner to be present the entire time</li> <li>To eat and drink as approved by my doctor</li> <li>To stay hydrated with clear fluids and ice cubes</li> <li>To have unlimited freedom to move, use the birth ball, sit on chair</li> <li>As few interruptions as possible, and limit my visitors to only: (names)</li> </ul>	<ul> <li>I would like an episiotomy:</li> <li>Rather than risk a tear</li> <li>Performed only as a last resort</li> <li>Performed as my doctor deems necessary</li> <li>Not performed, even if it means risking a tear</li> </ul> Immediately after delivery, I would like: <ul> <li>My partner to cut the umbilical cord</li> <li>To do stem cell collection as pre-arranged by us</li> <li>I agree on syntocinon injection IM after delivery</li> </ul>
I like foetal monitoring to be: Continuous monitoring (external) Intermittent Performed only if baby is not in distress Catheterisation:	<ul> <li>To keep the placenta for capsulation</li> <li>I want to do skin to skin contact immediately</li> <li>I want to hold my baby while the placenta is delivered</li> <li>If our baby can't be examined in my presence, I want my husband to be present</li> <li>The umbilical cord to be cut only after it stops</li> </ul>
<ul> <li>Avoid at all cost</li> <li>Insertion acceptable after epidural</li> <li>Only in emergency</li> <li>For pain relief I'd like to use:</li> <li>Nothing - as natural as possible</li> </ul>	<ul> <li>pulsating (unless we use stem cells)</li> <li>If a c-section is necessary, I would like:</li> <li>My partner to remain with me</li> <li>My partner to hold the baby as soon as possible</li> <li>To breastfeed in the recovery room</li> </ul>
<ul> <li>Massage</li> <li>Epidural</li> <li>TENS</li> <li>Positioning</li> <li>Pethidine and phenegan</li> </ul>	<ul> <li>In event of baby admitted to NICU:</li> <li>I want my husband to accompany our baby to the unit</li> <li>I want to initiate breastfeeding as soon as possible</li> </ul>
<ul> <li>Entonox gas</li> <li>Relaxation techniques</li> <li>Water (shower)</li> <li>Birth ball</li> <li>Only what I request at the time</li> </ul> Labour augmentation/induction: <ul> <li>No induction</li> <li>No augmentation</li> <li>Do not rupture membranes</li> <li>Rupture of membranes is acceptable</li> <li>Will accept vaginal tablet</li> <li>Will accept the use of syntocinon</li> </ul>	<ul> <li>I would like:</li> <li>To breastfeed exclusively</li> <li>To formula feed exclusively</li> <li>Baby's first bath given in my presence</li> <li>Baby's medical exam and procedures given in my presence</li> <li>Baby to stay in my room at all times</li> <li>A circumcision if we have a boy</li> <li>My baby to receive Vitamin K</li> <li>My baby to receive Hepatitis B and BCG</li> <li>My baby to have a blood screening test</li> </ul>