

MEDICLINIC baby

BIRTH PLAN

Full name _____ Partner's name _____

Doctor's name _____

Please note that the following apply to me:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> GBS+ | <input type="checkbox"/> RH negative |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> VBAC |
| <input type="checkbox"/> Previous surgery _____ | |

During labour I'd like:

- | | |
|---|---|
| <input type="checkbox"/> To wear my own clothes | <input type="checkbox"/> To wear the hospital clothes |
| <input type="checkbox"/> Music played | <input type="checkbox"/> The lights dimmed |
| <input type="checkbox"/> My partner to take pictures | <input type="checkbox"/> My partner to be present the entire time |
| <input type="checkbox"/> To eat and drink as approved by my doctor | <input type="checkbox"/> To stay hydrated with clear fluids and ice cubes |
| <input type="checkbox"/> To have unlimited freedom to move, use the birth ball, sit on chair | |
| <input type="checkbox"/> As few interruptions as possible, and limit my visitors to only: (names) _____ | |

I like foetal monitoring to be:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Continuous monitoring (external) | <input type="checkbox"/> Intermittant |
| <input type="checkbox"/> Performed only if baby is in distress | |

Catheterisation:

- | | |
|--|--|
| <input type="checkbox"/> Avoid at all cost | <input type="checkbox"/> Insertion acceptable after epidural |
| <input type="checkbox"/> Only in emergency | |

For pain relief I'd like to use:

- | | |
|---|---|
| <input type="checkbox"/> Nothing - as natural as possible | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Epidural | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Positioning | <input type="checkbox"/> Pethidine and phenegan |
| <input type="checkbox"/> Entonox gas | <input type="checkbox"/> Relaxation techniques |
| <input type="checkbox"/> Water (shower) | <input type="checkbox"/> Birth ball |
| <input type="checkbox"/> Only what I request at the time | <input type="checkbox"/> Whatever I suggested at the time |

Labour augmentation/induction:

- | | |
|---|---|
| <input type="checkbox"/> No induction | <input type="checkbox"/> No augmentation |
| <input type="checkbox"/> Do not rupture membranes | <input type="checkbox"/> Rupture of membranes is acceptable |
| <input type="checkbox"/> Will accept vaginal tablet | <input type="checkbox"/> Will accept the use of syntocinon |

During delivery I would like to:

- Bear down in the position I feel comfortable
- Push as directed
- Avoid forceps usage
- Use whatever methods my doctor deems necessary
- Push without time limits, as long as the baby and I are not at risk
- Push spontaneously
- Touch the head as it crowns
- Avoid vacuum extraction

I would like an episiotomy:

- Rather than risk a tear
- Performed as my doctor deems necessary
- Performed only as a last resort
- Not performed, even if it means risking a tear

Immediately after delivery, I would like:

- My partner to cut the umbilical cord
- I agree on syntocinon injection IM after delivery
- I want to do skin to skin contact immediately
- If our baby can not be examined in my presence, I want my husband to be present
- The umbilical cord to be cut only after it stops pulsating (unless we use stem cells)
- To do STEM CELL collection as pre-arranged by us
- To keep the placenta for capsulation
- I want to hold my baby while the placenta is delivered

If a c-section is necessary, I would like:

- My partner to remain with me
- To breastfeed in the recovery room
- My partner to hold the baby as soon as possible

In event of baby admitted to NICU:

- I want my husband to accompany our baby to the unit
- I want to initiate breastfeeding as soon as possible

I would like:

- To breastfeed exclusively
- To meet the breastfeeding consultant
- Baby's medical exam and procedures given in my presence
- A circumcision if we have a boy
- My baby to receive Hep B and BCG
- To formula feed exclusively
- Baby's first bath given in my presence
- Baby to stay in my room at all times
- My baby to receive Vit K
- My baby to have a blood screening test