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How To Wiki

# Your Details



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Name:

-------------------- Contact Number: ----------

EmaiI Address: ---------------------------------

Birth Partner's Name:---------------Contact Number: ----------

0ue Date:---------------

Name of obstetrician *I* midwife: ----------------------------

0ther birth-support (doula/other family):

## Where do you want to give birth?

**D** Hospital:

**D** Birth Centre:

**D** At home

**D** Not sure yet

# Labour & Birth

## Environment

**LJ** Dim lights **0** Quiet music

**0** Aroma therapy oils [J Wear my own clothes

**D** OK to have training medical staff observe labour & birth

**0** Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Mobility during labour

**0** I would like to keep active during labour if possible (walking, fitbal l, etc.)

**0** Mobility is not important to me

## Relaxation and comfort during labour

Massage **D** Shower **D** Bean bag



**D** Acupressure

**D** Bath

**D** Fit ball

**D** Hot towels

**D** Hypnotherapy

**D** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Do you want to use any special facilities?

**LJ** Birthing pool

**D** Other

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