

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