



# My Birth Plan

Example

## My Details

Name:	Contact number:
Email address:	
Birth Partner's name:	Birth Partner's contact number:
Baby's due date:	
Name of Obstetrician / Midwife:	
Other birth-support (doula / other family):	
Special dietary requirements for me:	
Special dietary requirements for my Birth Partner:	
My length of stay in hospital-	
<input type="checkbox"/> I would like to go home from the Birth Unit, with home visits from a midwife	
Any other special needs for me &/or my birth partner? (language, religion, disability, etc.)	

## My Labour & Birth

### Environment

<input type="checkbox"/> dim lights	<input type="checkbox"/> quiet music
<input type="checkbox"/> aromatherapy	<input type="checkbox"/> wear my own clothes
<input type="checkbox"/> other-	

### Monitoring my baby's heartbeat ♥

<input type="checkbox"/> If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile
<input type="checkbox"/> I am happy to be monitored intermittently

### Vaginal / Cervix examinations

<input type="checkbox"/> I would prefer minimal examinations
<input type="checkbox"/> I am happy for examinations as deemed necessary by staff

### Relaxation and comfort during labour

<input type="checkbox"/> massage	<input type="checkbox"/> bath	<input type="checkbox"/> other-
<input type="checkbox"/> shower	<input type="checkbox"/> fit ball	
<input type="checkbox"/> bean bag	<input type="checkbox"/> warm packs	
<input type="checkbox"/> acupressure	<input type="checkbox"/> hypnotherapy	

### Pain relief

<input type="checkbox"/> Do not offer me pain relief – I will ask if I want pain relief
<input type="checkbox"/> Only offer pain relief if I appear uncomfortable
<input type="checkbox"/> Please offer pain relief as soon as possible