

BIRTH PLAN TEMPLATE

by
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For informational purposes only.

NAME & AGE:

HOSPITAL NUMBER:

KNOWN MEDICAL ISSUES:

WHERE TO GIVE BIRTH?

- maternity team unit
- birth centre
- at home
- labour ward

I WOULD LIKE TO USE:

- a birthing pool
- a special LDPR room

MY BIRTH PARTNER IS:

- **BIRTH EQUIPMENT DURING LABOUR:** BIRTH BALLS / BEAN BAGS / HANDRAIL / TENS MACHINE (MY OWN) / ALL
- **POSITIONS FOR LABOUR & BIRTH:** STANDING / SQUATTING / KNEELING ALL FOURS / ON THE BACK / ON A SIDE / ANY
- **PAIN RELIEF OPTIONS:** EPIDURAL / GAS & AIR / BIRTH POOL/ MASSAGE / DIAMORPHINE / PETHIDINE / ALL
- **USE OF OXYTOCIN:** YES / NO
- **EPISIOTOMY:** YES / NO
- **FORCEPS / VACUUM**

- **PLACENTA AFTER BIRTH:** PHYSIOLOGICAL (NATURAL) / ACTIVE (INJECTION WITH SYNTOCIN)
- **SKIN-TO-SKIN IMMEDIATELY AFTER BIRTH:** YES / NO
- **FEEDING:** BREASTFEED / FORMULA FEED / COMBINED FEEDING
- **VITAMIN K:** YES / NO

COMMENTS: