

BIRTH PLAN FOR

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ESTIMATED DUE DATE:

BIRTH PARTNER:

HOSPITAL/BIRTH CENTER/HOME BIRTH:

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HOSPITAL NUMBER:

NHS:

BLOOD GROUP:

Below are my preferences for the birth of my baby. Thank you for reading our birth plan. We attempted to prepare as diligently as possible for our baby's arrival.

I know things could change and I will voice any changes.

If you have suggestions which are different from my preferences, please explain the reasoning behind them and possible consequences or varying options.

Please talk to myself/ birth companion /doula rather than me when possible so I can remain undisturbed.

Thank you in advance for all that you do!

LABOUR PREFERENCES

Sorry, NO STUDENTS this time!

WHAT YOU NEED TO KNOW ABOUT ME

injuries, illness's, major preferences, complete no's etc

BIRTH COMPANIONS

PARTNER:

Partner's Phone Number:

Other Companion: Doula - Emily-Clare Hill

Phone Number: 07756563047

I WILL DECIDE MOMENT TO MOMENT WHO I WISH TO BE IN THE ROOM WITH ME, BUT MOSTLY I HOPE FOR A CALM SPACE.

ENVIRONMENT DURING

SPACE

Home pool, birth centre, labour ward...

I would like a calm environment with:

- Fewer people
- Less noise
- A secure and safe atmosphere
- Dim lighting
- Use of aromatherapy oils
- My playlist, relaxation tracks, meditation, or visualisation tracks — played through speakers or headphones

I do/do not mind being reminded to:

- Eat or drink
- Try a new position
- Go to the bathroom

Please be mindful to use only supportive, positive language.

If needed, I may direct you to communicate through my partner/doula.

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COMFORT MEASURES DURING LABOUR

I would like to be supported in using the following techniques:

- Natural, intuitive breathing to calm myself (similar to yoga practices – Up Breathing, Down Breathing)
- Visualisation
- Massage
- Rebozo techniques
- Bio-mechanics
- Pelvic floor releases
- Use of a birthing ball – could one be made available?

I would also like access to additional facilities, such as a birthing pool.

BIRTH POOL AND WATER BIRTH

If possible, I would like access to a birth pool.

I would like the option to use the pool for labour, birth, or both, depending on how I feel at the time.

I will make my decision during labour.

INDUCTION & SPEEDING UP LABOUR

I am open to discussing / I do not want the use of syntocinon to help speed up my labour if suggested.

I do not wish to be induced by any/other methods.

I would like to make any final decisions at the time, depending on how I feel.

ASSISTED DELIVERY

I do / do not mind the use of ventouse or forceps if needed.

I would prefer to be given more time beyond standard guidelines to deliver naturally wherever possible.

If an assisted delivery is suggested, I would like to discuss all options before proceeding.

CESAREAN SECTION

I would only agree to a caesarean section in the case of a true emergency.

I may change my mind during labour if necessary, but I would need a full explanation to understand the reasons.

MOVEMENT DURING LABOUR

I plan to move throughout labour.

I would/would not like support when needed to do so.

I would like/would not like to be reminded of different positions that may help me.

PAIN RELIEF

I do/do not want gas and air.

I do/do not want any pain relief.

I do/do not want it even offered to me.

I do/do not want an epidural.

Only if absolutely necessary in an emergency – I wish always to be asked and for all options to be clearly explained to me before proceeding.

VAGINAL EXAMINATIONS

I do/do not want vaginal examinations.

Please do/do not offer them to me unless absolutely necessary and discussed with me first.

FOETAL MONITORING

I do/do not want continuous fetal monitoring.

I am happy to be asked about monitoring during labour if it is advised, and I will decide in the moment.

FINAL STAGES

I do/do not want to be coached during pushing; I would like to follow my own intuition and bodily cues.

DELIVERY POSITION

I would like to try to reach for my baby myself or have them handed to me immediately after birth.

No cleaning – I would like to receive my baby just as they are.

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PLACENTA

I would like to keep my placenta; I will have a bag ready for it.

I do not need to see my placenta.

I would like to wait for my placenta to be delivered naturally.

Please do not speed up this process with pressure or injections unless absolutely necessary and discussed with me first.

CONTACT WITH BABY

I would like immediate skin-to-skin contact with my baby.

I would/would not like my baby to be cleaned.

I would like to discuss options with the medical team if my baby needs extra care.

I would like my baby to remain with me/on me wherever possible.

CORD CLAMPING

I would like delayed cord clamping.

I would like to let all of the blood drain from the cord.

I don't mind if a slight variation is needed based on circumstances but I would like to be informed and consent must be given.

VITAMIN K

I don't mind my baby having the vitamin K injection.

I have oral vitamin K for my baby please do not give the injection if this is the plan.

EXTRA CARE

If I need extra care (such as sutures), I would like it to be explained to me first and done with consent.

[illegible]