# BIRTH PLAN OPTIONS

## Important To Know

I am Hypnobirthing
I am a survivor of abuse
My first child was stillborn
Previous traumatic birth
(anything that you feel is important for your care team to know)

## Birth Place Choice

I will be giving birth in the Midwife Led Unit
Home birth
Hospital Obstetric Unit

## Birth Environment:

Low Lights
Quiet Please
No Unnecessary Interruptions
I will be playing music / hypnobirthing recordings
No students

## My Comfort Measures

Freedom of Movement
Hypnobirthing
Labour In Water
Water Birth
Eating & Drinking
Birth Ball

## Pain Relief

If I require pain relief I will ask for it
Tens Machine
Gas & Air
Pethidine
Epidural

## Vaginal Examinations

I do not wish to have vaginal examinations
I may wish to have vaginal examinations when it feels appropriate for me.
I am happy to have vaginal examinations

## Monitoring

I am happy to be monitored during labour with a pinard, doppler or sonicaid, please do not interrupt me to do so.
If continuous electronic foetal monitoring is required I would still like to be mobile.

## Augmented labour

I am ok to have interventions to speed my labour up if medically necessary or if I request this.
Before augmentation of labour I would like to try moving, eating & drinking and resting without interruptions.

## Assisted Delivery

I would like to discuss my options clearly before an assisted delivery
I would prefer to try ventouse before forceps
If an assisted delivery is needed I may prefer to have a caesarean

## My Labour

Please do not encourage me to push
Please help to guide my pushing if I ask
I would like to ‘catch’ my own baby if possible
I would like my birth partner to ‘catch’ my baby
I would like to discover the sex of my baby myself
I would like a calm, dimly lit first hour with my baby
I would like Optimal Cord Clamping

## Birthing My Placenta

I would like to have a physiological birth of my placenta
I am happy to have delayed active management (an injection of syntometrine)
I am happy to have active management
I will be keeping my placenta
I will not be keeping my placenta but I would like to see it

## Caesarean Section

Please ensure that all medications are suitable for breastfeeding
I wish to have a screen up during the procedure
I do not wish to have a screen up during the procedure
I would like to have the screen lowered to see my baby being born
I would like to have skin-to-skin immediately after the birth
I would like optimal cord clamping if possible
We would like to discover the sex of the baby ourselves
We wish to keep my placenta and will provide a container to place it in
I would like the lights around me to remain as dim as possible
I would like to play music if possible

## Feeding My Baby

I intend to breastfeed my baby and would appreciate all the encouragement and support you can offer
I will be mix feeding my baby
I will be formula feeding my baby

## Further Notes

Place anything here that may be last-minute or that you feel needs further consideration, such as plans relating to Induction of Labour.