My Birth Plan

Name: Melanie

Est. Due Date: 18th April '09

Baby No.: 1

Birth Partner:

Birth Partner Tel:

IMPORTANT TO KNOW

Birth Place Choice

St. Thomas' MLU

Pain Relief

Gas & Air
If I require further pain relief I will ask for it.

Vaginal Examinations

No thank you.
Although if important we can discuss

My Comfort Measures

I would like to be free to move how I wish.
I will be hypnobirthing.
I intend to labour in water.

Monitoring

I am happy to have occasional monitoring. Please don't interrupt me to do so.

Birth Environment

Low lights/ Quiet please/ No unnecessary interruptions/ I will be playing music & my hypnobirthing recordings.

My Labour

Please do not encourage me to push unless I ask for help.
I would like you to pass my baby to me for immediate skin to skin or if possible catch my own baby.
I would like to discover the sex of my baby myself

Assisted Delivery

I'd like to discuss my options clearly before an assisted delivery. I would like to try ventouse before forceps. No episiotomy without prior consent & discussion.

Augmented Labour

I do not wish augmentation of labour.
Should I need augmentation for the health of my baby I wouldl like to try moving, eating & resting first.

Birthing My Placenta

I would like to have a physiological birth of my placenta
I will not be keeping my placenta but I would like to see it.

Feeding My Baby

I intend to breastfeed my baby and would appreciate all the encouragement and support you can offer.

Caesarean Section

Please ensure that all medications are suitable for breastfeeding.
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.
I would like the lights around me to remain as dim as possible.
I would like to play music if possible.