



## 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 ♥

- If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile
- I am happy to be monitored intermittently



### Vaginal / Cervix examinations

- I would prefer minimal examinations
- 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

- Do not offer me pain relief – I will ask if I want pain relief
- Only offer pain relief if I appear uncomfortable
- Please offer pain relief as soon as possible

### **Mobility during labour**

I would like to keep active during labour if possible (walking, fit ball, etc.)

Mobility is not important to me

### **Medical pain relief options**

Number any acceptable options in order of preference:

I prefer to try to manage without medical pain relief options

gas (nitrous oxide) / air  sterile water injections for back pain

epidural  morphine

other-

### **Rupturing of the amniotic sac**

I prefer my amniotic sac be allowed to rupture on its own

### **Episiotomy**

I do not want an episiotomy unless there is an emergency situation

If indicated, an episiotomy is acceptable

Unsure (please talk to your health care provider)

### **Position/s for labour and birth**

Tick as many as you like – underline your preferred birth position:

walking  standing  other-

squatting  sitting

kneeling  lying down

birth stool  water birth

### **Birth**

I would like to touch my baby's head when it crowns

I would like a mirror available to view the pushing / crowning / birth

I do not want to be told my baby's sex – I want to discover first-hand

I would like my partner / support person to receive my baby as I give birth

### **Assisted birth**

If additional medical assistance is required for the birth, I have read information about:

assisted birth – forceps  assisted birth – ventouse

Caesarean section  unsure (please talk to your health care provider)

### **Caesarean**

In the event that a caesarean section is deemed necessary, I would like the following:

birth partner present  I do not want to be separated from my partner & baby

photos / video  I would like the procedure described to me as it is happening

screen lowered at birth  I would like quiet music playing

delayed cord clamping  unsure (please talk to your health care provider)

I want my baby placed on my chest immediately after birth (skin-to-skin)

other-

### **Immediately following birth**

Tick as many as you wish:

- I want my baby placed on my chest immediately after birth (skin-to-skin)
- Please delay cord clamping and cutting until pulsating ceases
- I would like to cut my baby's cord
- I would like my birth partner to cut the cord
- I would like to hold my baby while the placenta is delivered
- I would like to have a Syntocinon injection to reduce bleeding
- I would like a physiological management of the 3<sup>rd</sup> stage (placenta)
- I would like the baby to be examined in my presence
- If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
- Unsure (please talk to your health care provider)
- Other-

## **My Baby's Care**

### **If my baby needs to go into a special care nursery due to medical reasons**

- I would like to breastfeed / express breast milk for my baby
- Assistance to nurse my baby skin-to-skin
- Other requests:

### **Feeding my baby**

- I wish to breast feed
- I wish to formula feed, with my preferred formula being \_\_\_\_\_

### **Vitamin K for my baby**

- I would like my baby to have the single injection of Vitamin K
- I would like my baby to have oral Vitamin K
- Unsure (please talk to your health care provider)

### **Hepatitis B for my baby**

- I would like my baby to be vaccinated with Hepatitis B vaccine before discharge
- Unsure (please talk to your health care provider)

**Your signature:**

**Date:**

**Healthcare Provider's name:**

**Healthcare Provider's signature:**

**Date:**