



# My birth plan

Your first name ..... Your surname .....

Name I like to be called i.e Catherine = Cathy .....

Your birthing companion's name(s) .....

Your due date .....

Is there a particular midwife you would like to be there if she / he is available?

Yes  No

If yes, midwife's name .....

Midwife's phone number .....

Would you prefer to be cared for and delivered by women only?

Yes  No  I don't mind

Are you happy to have student midwives or medical students present at the birth?

Yes  No  I don't mind

Would you like your birthing partner(s) to be with you throughout labour?

Yes  Not necessarily

What position would you like to be in for the birth?

Standing  Squatting  Kneeling  
 Sitting  In bed  Side lying  
 Birth stool  Birth ball  Water birth

Other .....

## Pain relief

Would you like any pain relief?

Yes  No  Would like to be advised by midwife

What pain relief would you like?

Entonox (gas & air)  Pethidine  I don't mind  
 TENS  Epidural

Alternative therapy i.e. massage, aromatherapy .....

Other .....

**Assisted delivery**

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**If an assisted delivery is necessary, which method would you prefer?**

- Ventouse                       Forceps                       Will allow midwife / obstetrician to make choice

**How do you feel about an episiotomy if required?**

- Only if necessary                       I'd like to avoid having one

**After the birth**

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**Would you like your partner to cut the umbilical cord?**

- Yes                       No

**Would you like your baby put straight onto your tummy or cleaned up first?**

- Onto my tummy                       Cleaned up first

**Would you like to be told the sex of your baby?**

- Yes                       No, I want to make the discovery myself  
 I already know the sex of my baby                       I would like my partner to tell me

**How would you like the placenta to be delivered?**

- Naturally without drugs                       With an injection to help the uterus contract

**How would you like your baby to be given vitamin K?**

- Orally                       By injection                       I don't mind

**How are you planning to feed your baby?**

- Breast feed                       Formula feed

**Would you like help with breast feeding / formula feeding?**

- Yes                       No

**Do you have any special needs, whether they're related to your religion, your diet, or any disability?**

- Yes .....
- No

**Please write any other preferences for labour and after the birth below**

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