

Birth Preferences

NAME **DUE DATE**

I WOULD LIKE TO GIVE BIRTH: (LOCATION)
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I WOULD LIKE THESE PEOPLE TO BE WITH ME: (MAY ONLY BE ALLOWED 1 PERSON IN CERTAIN CIRCUMSTANCES)

I WOULD LIKE TO TRY USING THIS EQUIPMENT DURING LABOUR:

MATS , BIRTHING BALLS , BEAN BAGS , NONE OF THESE ,
OTHER

ACTIVITY DURING LABOUR:

I WOULD LIKE TO KEEP ACTIVE , I WANT TO REST , I'M NOT SURE HOW ACTIVE I WOULD LIKE TO BE

I WOULD LIKE TO TRY THESE POSITIONS DURING LABOUR AND BIRTH:

LYING ON MY BACK , LYING ON MY SIDE , STANDING , SITTING , KNEELING ,
KNEELING ON MY HANDS AND KNEES , SQUATTING , I'M NOT SURE YET ,
OTHER

I WOULD/WOULD NOT BE HAPPY FOR **STUDENTS TO ATTEND TO ME.**



PAIN RELIEF- I WOULD LIKE TO TRY:

NO PAIN RELIEF , DEEP BREATHING AND RELAXATION , ENTONOX (GAS AND AIR) , MASSAGE , BEING IN WATER , TENS , PAIN RELIEVING INJECTIONS , PAIN RELIEVING TABLETS , EPIDURAL , I'M NOT SURE

SKIN TO SKIN CONTACT:

PLEASE PUT MY BABY ON MY CHEST WHEN THEY ARE BORN , PLEASE PASS MY BABY TO MY BIRTH PARTNER

PLACENTA DELIVERY:

I DO NOT WANT ANY MEDICATION , I WOULD LIKE TO RECEIVE SYNTOCINON/OXYTOCIN INJECTION

MY BABY'S CORD:

PLEASE DELAY CORD CLAMPING UNTIL IT HAS STOPPED PULSATING , I WOULD LIKE TO CUT MY BABY'S CORD , MY BIRTH PARTNER WILL CUT THE CORD , PLEASE DO NOT CUT THE CORD.

FEEDING MY BABY:

I WOULD LIKE TO BREASTFEED , I WANT TO FORMULA FEED , I WOULD PREFER TO MIX FEED

VITAMIN K INJECTION:

I DO WANT MY BABY TO RECEIVE THIS , I DO NOT WANT MY BABY TO RECEIVE THIS

OTHER THOUGHTS AND IMPORTANT INFORMATION:

