



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 ♥		
<input type="checkbox"/> If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile		
<input type="checkbox"/> I am happy to be monitored intermittently		
Vaginal / Cervix examinations		
<input type="checkbox"/> I would prefer minimal examinations		
<input type="checkbox"/> 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		
<input type="checkbox"/> Do not offer me pain relief – I will ask if I want pain relief		
<input type="checkbox"/> Only offer pain relief if I appear uncomfortable		
<input type="checkbox"/> 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 3rd 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: