



Birth Plan for _____

Telephone Number:

Due Date:

Hospital Number:

Midwife/Labour Team Name:

Midwife/Labour Team Contact Number:

My birth partner is _____ who is my
_____. Their contact number is _____.

Prior to Birth

I would like to give birth In hospital At home In a
maternity
unit

During birth

I would like: Music Dimmed lights No non-essential
staff present
 To bring an aromatherapist/reflexologist To wear my own
clothes
 To use a birthing ball To use a birthing pool
 To use a birthing chair The room to be as quiet as possible
 As few vaginal exams as possible To keep active during
labour

I would like to try the following birthing positions: _____

I would like pain relief in the form of Gas and air
 An epidural Breathing techniques Massage
 Acupuncture TENS Other: _____

In the event of a caesarean: _____



In the event of assisted delivery: _____

Other notes for labour:

After birth

My partner will cut the umbilical cord Yes No

I would like to cut the umbilical cord Yes No

I would like a managed third-stage delivery Yes No

I would like my baby to:

Be given a Vitamin K injection Yes No

Be cleaned before being given to me Yes No

I would like to feed my baby via Bottle Breastfeeding

Undecided

Other information

Allergies: _____

Dietary requirements: Vegetarian Vegan Kosher

Halal Coeliac Lactose intolerant

Other notes: