

Facility: _____

MY BIRTH PREFERENCES

FAMILY NAME

MRN

GIVEN NAME

☐ MALE☐ FEMALE

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

HNEMR412

MY BIRTH PREFERENCES

Maternity



HNE035855

BINDING MARGIN – DO NOT WRITE



We hope this planner helps you to consider your birth preferences and offers points for discussion of your alternative options with your caregiver during pregnancy and labour.

Flexibility

It is helpful to have a plan for your birth that has some flexibility. Each birth is different and most do not follow a set plan. However, recognising and communicating what is important for you along the birth journey will assist with decision making and also help the staff caring for you.

While we will always do our best to meet your preferences, our priority will always remain the well-being of mother and baby and the provision of a high standard of care. Any variation to your desired choices would involve you at the centre of the decision making process.

Looking at options

There are a variety of options you may choose to explore. Attending preparation for birth and parenting classes is an excellent way to assist you to gain information on these options.

Some examples of this may be: -

- ☐ Comfort and pain relief measures for labour such as the use of movement, water, massage, music and medications.
- ☐ Who will be my support team and how can they help me?
- ☐ Early care of your new baby.

If you do choose to have a birth preferences document, it is a good idea to bring it with you to your antenatal appointment before you are 36 weeks pregnant, so that you can talk about your preferences with your care provider and we can add your preferences to your file.

The following is an example of a birth preference template which you may like to use or you are welcome to bring your own.

This form may be completed electronically then printed or printed and completed by hand.

HNEMR412 010122

Facility: _____

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FAMILY NAME		MRN
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D.O.B. ____ / ____ / ____	M.O.	
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My Details		
Name:		
Contact Number		
Email Address		
Birth Partner / Support person 1 name		Relationship:
Birth Partner / Support person 2 name		Relationship:
Birth Partner / Support person's Contact Number		
Baby's Due Date		
Name of Obstetrician/ Midwife		
My Preferences		
I plan to give birth:		
<input type="checkbox"/> Birth Suite	<input type="checkbox"/> Belmont Birth Centre	<input type="checkbox"/> Planned elective Caesarean Operating Theatre
<input type="checkbox"/> Birth Centre	<input type="checkbox"/> Birth at Home	<input type="checkbox"/> Not sure yet
Other special needs for me/or my birth partner / support person - Language, Religion, Disability, Cultural		
Any special dietary requirements?		

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My Labour and Birth

Environment

- ☐ Dim lights
- ☐ Quiet Music
- ☐ Wear my own clothes
- ☐ Bring my own pillow or other bedding

☐ Other – *please specify*

Relaxation and Comfort During Labour

- ☐ Massage
- ☐ Bath
- ☐ Shower
- ☐ Fit Ball
- ☐ Acupressure
- ☐ Warm Packs

☐ Other – *please specify*

Comments:

Mobility During Labour - *We encourage women to be as active and upright as possible in labour*

Write your comments & preferences here:

Medical Pain Relief - *Please tick the options you may consider using for your labour if required*

- ☐ I prefer to try and manage without medical pain relief options
- ☐ Gas (nitrous oxide/air)
- ☐ Sterile water injections for back pain
- ☐ Morphine
- ☐ Epidural

☐ Other – *please specify*

Comments:

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Positions for Labour and Birth - Please tick as many as you wish, underline your preferred birth position

- ☐ Walking
- ☐ Standing
- ☐ Squatting
- ☐ Sitting
- ☐ Kneeling
- ☐ Lying Down
- ☐ Birth Stool
- ☐ Water Birth

☐ Other – please specify**Birth**

It is standard practice to delay cord clamping for well babies

- ☐ I would like to touch my baby's head as it births (crowning)
- ☐ 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 the sex of my baby.
- ☐ I would like my birth partner / support person to receive my baby as I give birth
- ☐ I would like an active 3rd stage (placenta) and receive the syntocinon injection
- ☐ I would like a physiological management of the 3rd stage (placenta) if suitable
- ☐ Episiotomy if required

Comments:

Immediately following Birth - Please tick as many as you wish

It is standard practice that all well babies are placed skin to skin on the mother's chest at birth and remain there undisturbed for a minimum of 1 hour to promote bonding and breastfeeding.

- ☐ I would like to cut my baby's cord
- ☐ I would like my birth partner/support person to cut the cord
- ☐ I would like to hold my baby while the placenta is delivered
- ☐ 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 / support person to remain with the baby at all times
- ☐ Unsure (please talk to your health care provider)

☐ Other – please specify

Comments:

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Assisted Birth

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

- ☐ Assisted Birth – Forceps
- ☐ Assisted Birth – Ventouse
- ☐ Assisted Birth – Caesarean Section
- ☐ Unsure (please talk to your health care provider)

Comments:

Caesarean

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

- | | |
|--|--|
| <input type="checkbox"/> Birth Partner/support person present
<input type="checkbox"/> Photos
<input type="checkbox"/> Screen lowered at birth
<input type="checkbox"/> Delayed cord clamping
<input type="checkbox"/> I do not want to be separated from my partner/support person and baby unless medically indicated
<input type="checkbox"/> I would like the procedure described to me as it is happening
<input type="checkbox"/> I would like quiet music playing
<input type="checkbox"/> Unsure (please talk to your health care provider) | <input type="checkbox"/> Other – <i>please specify</i> |
|--|--|

Comments:

My Baby's Care

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

- | | |
|---|--|
| <input type="checkbox"/> I would like to breastfeed / express breast milk for my baby
<input type="checkbox"/> I would like assistance to nurse my baby skin-to-skin | <input type="checkbox"/> Other – <i>please specify</i> |
|---|--|

Feeding my baby

My feeding preference is:

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Vitamin K for my baby

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

Comments:

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)

Comments:

Other important information I would like my care providers to know is:

Birth preferences discussion with my care provider

My Signature:

Date:

Care provider's name & signature:

Date:

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