

Birth preferences

Your name

Birth partner(s)

Hospital number

Birth partner's
contact number

Important things to note about my pregnancy

A message to those who are currently training

- [] We love that you would like to learn from our experience of birthing our baby. We trust that everything you will do will be under supervision of a qualified practitioner and we are looking forward to sharing this experience with you.
- [] We are so flattered that you would like to learn from our experience of childbirth, however we would feel happiest if you would kindly observe our experience rather than provide any hands on care.
- [] We completely understand that learning from real life scenarios is invaluable, however on this occasion we would really like to keep this experience as intimate as possible and would prefer not to have any students in the room with us. We wish you all the best in your training.

BETTER BIRTHS

MIDWIVES IN YOUR POCKET

Place of birth

I would feel safest birthing:

- ☐ Home
- ☐ Freestanding birth centre
- ☐ Alongside birth centre
- ☐ Labour ward
- ☐ Theatre

Fetal monitoring

I would like my baby to be monitored:

- ☐ Not at all
- ☐ When i ask
- ☐ Using a handheld doppler
- ☐ Continuously on a CTG machine

Pain relief options

I would like to consider the following options, in this order (number your preferences):

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Paracetamol | <input type="checkbox"/> Pethidine |
| <input type="checkbox"/> Codydramol | <input type="checkbox"/> Meptid |
| <input type="checkbox"/> Hypnobirthing | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> TENS machine | <input type="checkbox"/> Spinal |
| <input type="checkbox"/> Entonox (gas & air) | |

PLEASE NOTE:

Things that worry me include: (Make a note of any anxieties below)

Labouring positions

I am keen to regularly change my position during the first stage of labour and would like to try:

- ☐ Walking
- ☐ Sitting
- ☐ Squatting
- ☐ Kneeling on all fours
- ☐ Lying on my side

Labouring aids

During the first stage of labour I would like access to:

- ☐ A birthing ball
- ☐ A birthing stall
- ☐ A birthing cub
- ☐ A peanut ball
- ☐ A beanbag

The second stage

When I think about birthing my baby, I envision:

- ☐ A dimly lit room
- ☐ The lights in the room being turned on
- ☐ Regularly changing my position
- ☐ Guided pushing by the midwife/doctor
- ☐ Being in a birthing pool
- ☐ Being on the bed
- ☐ Using a birthing stool
- ☐ Only hearing my birth partner(s) voice(s)
- ☐ That I will be told of any time limits
- ☐ The midwife physically supporting my perineum
- ☐ Having an episiotomy
- ☐ My birth partner announcing the sex of the baby
- ☐ Immediate, uninterrupted skin to skin
- ☐ The baby being held by my birth partner(s) first

Please note any specific requests:

The third stage

To deliver my placenta I would prefer:

- | | |
|--|--|
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> My birth partner(s) to cut the cord |
| <input type="checkbox"/> A lotus birth | <input type="checkbox"/> The birth environment not to change |
| <input type="checkbox"/> A physiological third stage | <input type="checkbox"/> To see the placenta before its disposal |
| <input type="checkbox"/> An active third stage | <input type="checkbox"/> To keep the placenta following inspection |

Please note any specific requests:

When nature needs a helping hand:

The following is a short list of possible interventions that may be offered. Ensure that you fully understand the benefits, risks, and alternatives of each one prior to giving your consent.

- ☐ Induction of labour
- ☐ Hormone drip
- ☐ Artificially breaking your waters
- ☐ Episiotomy
- ☐ Kiwi delivery
- ☐ Forceps delivery
- ☐ Caesarean delivery

Things that make me anxious:

Infant feeding

- ☐ ☐ I plan to breastfeed and would appreciate your support to correctly position and attach my baby
- ☐ ☐ If I am separated from my baby following delivery please support me to hand express colostrum
- ☐ ☐ I plan to formula feed my baby

Please note any specific requests:

Meeting my baby

- ☐ ☐ Please delay all unnecessary observations on me until the first feed is finished
- ☐ ☐ Please delay all unnecessary observations on my baby until the first feed is finished
- ☐ ☐ Please clean, dry, and wrap my baby prior to handing them to me
- ☐ ☐ I would like my baby to have Vitamin K via injection/orally (delete as appropriate)
- ☐ ☐ I do not want my baby to have Vitamin K

Please note any specific requests:

Notes for you and your birth partner:

Throughout your journey you may come across suggestions, recommendations and plans presented to you by various health professionals. Using the prompts below you will be empowered to make an informed and confident decision no matter what the situation may be.

Benefits

What are the benefits of this?

Risks

What are the risks?

Alternatives

Are there any alternatives here?

Not

What happens if we decided not to do this?

Delay

Is there time to delay this? Could we delay this for an hour/day/week?

Do you need a little more support?

Sign up to '**Midwives in your pocket**' and get direct access to us 7 days a week before, during and after your birth. Use the QR code to find out more.

