MY BIRTH PLAN

A one page summary for my maternity notes

AT A GLANCE

If there is only time to read one page, please read this one. Fuller details follow on pages 2 to 6.

Name: _____ **Due date:** _____

NHS / hospital number (optional): _____ **Planned place of birth:** _____

Birth partner(s): _____

THE THINGS THAT MATTER MOST TO ME

Write your own words here. Five short lines are easier for staff to take in than four pages.

PAIN RELIEF I HOPE TO USE

- ☐ Breathing and relaxation
- ☐ Water, shower or birth pool
- ☐ Massage or TENS machine
- ☐ Gas and air (Entonox)
- ☐ Pethidine or diamorphine
- ☐ Epidural
- ☐ I would prefer to avoid medication if possible
- ☐ Please offer me the options when appropriate

PLEASE ALSO KNOW

- ☐ Please ask before any vaginal examination
- ☐ Optimal (delayed) cord clamping if safe
- ☐ Immediate skin-to-skin if safe
- ☐ I plan to breastfeed
- ☐ I plan to formula feed
- ☐ I plan to combination feed
- ☐ My partner stays with baby if baby needs care
- ☐ Please explain everything before it happens

Allergies, medication, blood group and anti-D, Group B Strep, previous births:

Discussed with my midwife: _____ **Date:** _____

MY BIRTH PLAN

About me, my birth partners and my priorities

ABOUT ME

Name: _____ **Due date:** _____

NHS / hospital number (optional): _____

Planned place of birth: _____

IF I NEED TO MOVE OR TRANSFER

A home birth or midwife led birth sometimes needs to move to an obstetric unit. Please:

- ☐ Explain why the transfer is recommended
- ☐ Keep my birth partner with me
- ☐ Give me time to ask questions if it is safe to
- ☐ Bring this plan and my notes with me

THE PEOPLE SUPPORTING ME

Birth partner(s): _____

Midwife / consultant: _____

- ☐ I would like my birth partner with me
- ☐ I have a doula
- ☐ I am happy for students to be present
- ☐ I need an interpreter
- ☐ Please ask before anyone else enters
- ☐ Please explain procedures to my partner too

MY PRIORITIES

Choose the things that matter most to you. These are preferences, not promises, and you can change your mind at any time.

- ☐ A calm, quiet environment
- ☐ Privacy and minimal interruptions
- ☐ Freedom to move
- ☐ My partner involved in decisions
- ☐ As few interventions as safely possible
- ☐ Photos / video if permitted
- ☐ Clear explanations before decisions
- ☐ Other priorities noted below

Anything staff should know about me, including accessibility, cultural, religious or emotional needs:

MY BIRTH PLAN

Labour environment, monitoring and comfort

DURING LABOUR

- ☐ I would like to remain mobile
- ☐ I would like to use a birth pool
- ☐ I would like to eat and drink if appropriate
- ☐ I prefer dim lighting
- ☐ I would like music
- ☐ I prefer a quiet room
- ☐ I would like aromatherapy if permitted
- ☐ I would like my own clothes

MONITORING AND EXAMINATIONS

- ☐ Please explain monitoring options
- ☐ I prefer intermittent monitoring if suitable
- ☐ I am comfortable with continuous monitoring
- ☐ Please ask permission before examinations
- ☐ Please limit vaginal examinations where possible
- ☐ Please tell me what you find

COMFORT AND PAIN RELIEF

I would like to try:

- ☐ Breathing / relaxation
- ☐ Massage or counter-pressure
- ☐ Movement and different positions
- ☐ Water / shower / birth pool
- ☐ TENS machine
- ☐ Gas and air (Entonox)
- ☐ Pethidine or diamorphine
- ☐ Epidural
- ☐ I prefer to avoid medication if possible
- ☐ Please offer options when appropriate

Positions, coping techniques or pain relief preferences:

Things I would prefer to avoid, or previous experiences staff should know about:

MY BIRTH PLAN

Induction of labour and the birth itself

IF MY LABOUR IS INDUCED

Around one in three labours in the UK is induced, so it is worth thinking about in advance.

- ☐ Please explain why induction is recommended
- ☐ Please explain the alternatives, including waiting
- ☐ Please talk me through each stage before it starts
- ☐ I would like to discuss a membrane sweep first
- ☐ I would prefer to avoid a sweep unless we discuss it
- ☐ I would like to stay mobile between examinations
- ☐ I would still like water or a pool if it becomes available
- ☐ Please tell me if the rest of my plan needs to change

FOR THE BIRTH

- ☐ I would like to choose my position
- ☐ I would like to follow my body's urge to push
- ☐ I would like guidance with pushing
- ☐ I would like a mirror if available
- ☐ I would like to touch baby's head as it appears
- ☐ I would like my partner to announce baby's sex
- ☐ I would like my partner to cut the cord
- ☐ Please place baby straight onto my chest

PROTECTING MY PERINEUM

- ☐ Warm compresses if they are available
- ☐ Please guide me to slow down at crowning
- ☐ Please explain before any episiotomy unless it is urgent
- ☐ Please tell me about any tear and the repair afterwards

Anything else about how I would like to give birth:

MY BIRTH PLAN

Third stage, caesarean and assisted birth

CORD, PLACENTA AND THIRD STAGE

- ☐ Optimal (delayed) cord clamping if safe
- ☐ Managed third stage
- ☐ Physiological third stage
- ☐ I would like to see the placenta
- ☐ I plan to keep the placenta
- ☐ Please explain my options at the time

CAESAREAN BIRTH, PLANNED OR RECOMMENDED

Complete this whether a caesarean is already booked or becomes necessary on the day. If it is recommended in labour, please explain why, the alternatives, and what may happen if we wait, whenever time allows.

- ☐ My caesarean is already planned
- ☐ Please explain the anaesthetic options
- ☐ I would like my birth partner present
- ☐ I would like music if possible
- ☐ Please keep my arms free if possible
- ☐ Please keep me informed throughout
- ☐ I prefer the screen to remain raised
- ☐ I would like the screen lowered at birth if possible
- ☐ I would like a calm, quiet theatre at the moment of birth
- ☐ I would like immediate skin-to-skin if safe
- ☐ If I cannot, my partner may provide skin-to-skin
- ☐ I would like photos if permitted

IF AN ASSISTED BIRTH IS RECOMMENDED

- ☐ Please explain why, and the alternatives
- ☐ Please tell me whether it happens in the room or theatre
- ☐ My birth partner stays with me
- ☐ Please explain what pain relief I will have

Questions I would like answered before agreeing to either:

Other preferences if plans change:

MY BIRTH PLAN

After birth and care for my baby

IMMEDIATELY AFTER BIRTH

- ☐ Immediate skin-to-skin if safe
- ☐ Uninterrupted skin-to-skin where possible
- ☐ Keep baby with me for routine checks
- ☐ Please delay weighing until after the first feed
- ☐ I would like help with the first feed
- ☐ I plan to breastfeed
- ☐ I plan to formula feed
- ☐ I plan to combination feed

CARE FOR MY BABY

- ☐ Please discuss vitamin K with me
- ☐ Vitamin K injection
- ☐ Oral vitamin K
- ☐ Please explain the newborn physical examination
- ☐ Please explain the blood spot (heel prick) test first
- ☐ Please explain the newborn hearing screen
- ☐ Please ask before giving formula
- ☐ Please ask before giving a dummy
- ☐ If baby needs care elsewhere, my partner goes too
- ☐ Feeding plan noted below

Feeding preferences and support I may need:

Anything else that is important to me:

FINAL CHECK

Share this plan with your midwife, place a copy in your maternity notes and pack another in your hospital bag. Page 1 is the summary, so keep it on top.