

Birth preferences

Our team is here to guide you through your options

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PARENTS
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BABY

Who will be at your baby's birth?

List name(s) and relationship(s) to baby

Ideal place of birth

Positions for birth

- Upright, forward, open (UFO), wherever possible
- Keeping mobile/active, as much as possible
- In bed
- Open to suggestions
- Use of props

Other thoughts:

Monitoring during labour/birth

It is important to discuss options, including internal examinations and monitoring of baby's heart rate

Preferences:

Personalising the birth environment

Book a tour of your birthplace, so you can plan how to make the environment appealing to all your senses.



VISUAL

- Dim lighting
- Battery-powered candles
- Minimal people in the room



SOUND

- Own playlist
- Midwife coaching
- Minimal conversation
- Silence



TOUCH

- Water/pool
- Massage
- Stroking



SMELL

- Diffuser
- Aromatherapy oils



TASTE

Dietary requirements:

Food to bring:

Other thoughts:

Keeping comfortable

Please offer:



Other thoughts:

Hypnobirthing

(if applicable)

- Hypnobirthing trained midwife, if possible
- Direct questions to birth partner(s), if possible
- Please refer to contractions as surges
- Please refer to level of comfort rather than pain
- Please do not offer me pain relief
- Would like to be active and upright/forward/open
- Would like affirmations/relaxations playing
- Please do not coach pushing

Other thoughts:

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with seven different specialists**

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Episiotomy

It is important to understand why an episiotomy may be offered during birth

- This has been explained and understood
- Explanation is still needed

Assisted birth

It is important to understand why vacuum (ventouse) or forceps may be advised

- This has been explained and understood
- Explanation is still needed
- Birth partner/s to remain in the room
- Birth partner/s would rather leave the room

Other thoughts:

Baby's sex

- A surprise
- Already known

If possible, to be revealed by:

After birth – the golden hour

- Skin to skin as soon as possible
- Delayed cord clamping, if possible

If possible, cord to be cut by:

Abdominal/Caesarean birth

Usually one birth partner can be present, so check your hospital policy. If a general anaesthetic is needed birth partner(s) will usually be asked to wait outside the theatre.

Nominated birth partner is:

- Own playlist
- Position theatre gown to allow skin to skin with my baby
- Monitoring (electrodes) placed on back/side, if possible
- Lower drape as baby is born – other?
- Delayed cord clamping, if possible
- Birth partner to cut cord, if possible
- Skin to skin as soon as possible
- Baby will first be handed to:
- Please do not weigh baby immediately

Other thoughts:

Health professionals in training

Midwives and doctors in training may ask to be present at your birth. This is at your discretion and they will be supervised.

- I am ok with this
- I would prefer not

Skin to skin

- Skin to skin, as soon as possible with:
- Would prefer baby to be cleaned.

The placenta

After baby arrives, an oxytocin injection will be offered to help reduce bleeding with delivery of the placenta.

- Would like this injection
- Would not like this injection
- Undecided
- Would like to see the placenta
- Would like to keep the placenta (e.g. for encapsulation)

Other thoughts:

Feeding

- Plan to breastfeed
- Plan to mix/combination feed
- Plan to bottle feed
- Undecided (Not sure yet)

Other thoughts:

Vitamin K for your baby

Vitamin K helps the blood clot. It is offered to your baby at birth to prevent a rare, but potentially serious bleeding disorder. It is important to discuss this with your midwife.

- Vitamin K by injection
- Vitamin K by mouth
- Do not want vitamin K to be given

Other requirements

Preferred language, if not English

Religious customs to observe:

Final thoughts

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