Birth preferences for

Baby’s EDD:

Hospital number.

Phone number:

Blood group (if known)

My husband / partner and I understand that birth can go differently than planned and that decisions may need to be made during the process.  We intend to work with everyone present to make good decisions if need arises.  The following items are our preferences if the birth goes smoothly – as we expect it to.  Our goal is to welcome our baby as safely and normally as possible without medical interventions unless the benefits outweigh the risks.  It is our belief that birth is a normal process; not a medical emergency, and proceeds in the safest manner without interventions.

Here are some guidelines that describe the birth experience we desire.  Please do not deviate from this plan without our consent - fully informed consent is critical to us.  We have prepared ourselves by taking an evidence based childbirth class / and hiring a birth doula to assist us.

In the first instance please talk to my partner rather than me so that I may better focus without distraction.

Thank you in advance for all that you do!

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| Birth companions*Helpful to name the companion(s)* *Some hospitals may suggest a student is in the room – it is your decision if this is allowed. You needn’t feel pressured to allow anyone in the room against your will.*  | Partner (name) Partner’s mobile phone numberRelationship to me Other companionOther companion’s phone number (Partner) to remain with me throughoutI do not object to a student being present / Sorry, no students this time! |
| What you need to know about me, how I’ve prepared for this labour | Mention HypnoBirthing What would I like staff to understand about me as soon as they meet me? Is this an IVF baby? Are you expecting twins?Bad previous experience in hospital? You faint at sight of blood/needles? Hate loud noises/machines/being confined/vaginal examinations?You’re a medical professional who feels quite at home in hospitals? Would you rather they refrained from discussing PAIN levels? *(The more people talk about pain, the more you feel it and you're highly suggestible during labour)*  |
| Environment and comfort during labour*are you planning to birth at home, in birth centre or labour ward? What would you like to have around you?* | First choice for place of birth is: home, birth centre, labour ward?Birth mat and ball wanted? (you often have to ask for these)Will you want space and freedom to move about as you wish?Will you want the room to be quiet as possible, no unnecessary talking? No unnecessary people?Dimmed lights or complete darkness?Equipment to play music, such as CD player, docking system? |
| Birth pool and water birth | How do you feel about using a birth pool for pain relief? About delivering the baby in water? If you want a room with a birth pool, you may need to mention it more than once. |
| Pain relief methods in order of preference (arrange them in the order you think you will prefer – the order here is just a suggestion)*This part is important: being offered pain relief can be demoralising when you think you’re doing well*  | * hypnobirthing/ relaxation/breathing/movement/massage
* TENS machine
* birthing pool
* entonox (“Gas ‘n’ air”)
* pethidine/diamorphine
* epidural

Please do not OFFER pain relief – I KNOW what is available and I WILL ask for them if I want them  |
| Movement during labour | It is important for me that I am able to move around freely and flop down to rest easily. Please feel free to suggest and encourage positions which may help baby’s position and progress – we value your expertise! Please encourage me to keep hydrated and visit bathroom frequently |
| Foetal monitoring, examinations*Routine assessments can vary in disturbance, checking your blood pressure and listening to babys heart is minimal, VEs much more so* | I would prefer intermittent monitoring with a handheld device (unless I have an epidural) / I don’t mind continuous electronic foetal monitoring (CTG) I am declining routine vaginal examinations and only want them if I ask for them / I am happy to have vaginal examinations with my consent  |
| Augmentation of labour | AROM:  No artificial rupturing of membranes without my permissionI prefer to try natural methods to promote oxytocin stimulation, such as privacy, walking, positioning, acupressure, and nipple stimulation, rather than medical interventions.  We do not want to be hurried unless signs show our baby is in trouble. Please obtain my informed consent for all procedures.  |
| Birthing position*Being upright helps your baby to descend and the old chin-on-chest, mouth-tight-shut pushing technique has not been shown to shorten labour and is exhausting* | Please suggest gravity-favourable positions - standing, squatting, on all fours on a birth mat, using a birthing stool. If I have an epidural please help me to use gravity favourable positions as far as possible. We have faith that my body knows instinctively how to push.  I do not want directed pushing until the baby’s head is crowning. Please encourage me to use gentler pushing techniques rather than holding my breath.  |
| Perineum | I wish to keep my perineum intact; however if it comes down to a choice, I would prefer to tear rather than have a surgical cut. (Episiotomy is no longer a routine procedure in the UK) |
| Caesarean birth | It is my strong wish to give birth vaginally. I will agree to have a caesarean birth only if my safety or that of my baby is clearly at risk. I prefer to be conscious with (partner’s name) by my side,I would like to see if baby is boy or girl for myself/partner to see and announce / staff to announceIs there anything you would like to happen to make a caesarean birth more personal – have your own music playing for example? The screen lowered? Skin to skin contact immediately? Delayed cord clamping? |
| Third Stage | * Umbilical Cord:  We choose to wait to clamp and cut the umbilical cord after it stops pulsating.  / I have no objection to cord cutting / I would like a lotus birth. My partner will cut the cord.
* Skin-to-skin:  We wish immediate skin-to-skin contact on my chest for the first hour at least. If that’s not possible baby should be in partner’s arms
* Initial exam:  We wish the baby to be examined in my arms.
* Placenta:  We would like to wait for the placenta to detach without pulling or forcing.  If the placenta seems retained, I wish to breastfeed to encourage the uterus to contract.  I would like to see the placenta before it is discarded.
* Syntometrine:  I decline third stage syntocinon unless there is significant bleeding that indicates haemorrhage. Please seek informed consent before any procedure.
* Newborn procedures:  We would like to delay until we have had time to bond and breastfeed.
* Vitamin K : Vit K orally please / Vit K by injection please / Vit K, don’t mind how administered. Vit K only if at high risk / I do NOT want my baby to be given Vitamin K
* Breastfeeding:  My plan is to breastfeed as soon as possible. Any advice and guidance with this is appreciated.
* Staying over:  Our baby will stay in our presence at all times from the moment of birth until we leave the hospital, if we have to stay overnight, and there is one available, we would like to make use of a private amenity room so my partner can stay with us.
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THANK YOU VERY MUCH FOR YOUR TIME AND ASSISTANCE!