

Birth plan
Matilda International Hospital

Name _____ I would like to be called _____

Date of birth _____

Labour companion Husband Partner No companion

I am aiming for Vaginal delivery Caesarean section → please go to page 2

1. Preferences for labour and vaginal delivery

1.1 Labour room environment (All available in delivery room)

<input type="checkbox"/> Beanbag	<input type="checkbox"/> Fit ball	<input type="checkbox"/> Yoga Mat	<input type="checkbox"/> Dimmed lights
<input type="checkbox"/> Play my own music with speakers			<input type="checkbox"/> Minimal conversation
<input type="checkbox"/> Please direct questions to my partner			

1.2 Pain relieve:

<input type="checkbox"/> Prefer no medication in labour	<input type="checkbox"/> Hypnobirthing	<input type="checkbox"/> Bath	<input type="checkbox"/> Hot compress
<input type="checkbox"/> TENS machine	<input type="checkbox"/> Entonox (gas and air)		<input type="checkbox"/> Pethidine injection
<input type="checkbox"/> Epidural: When I request it / At doctors' suggestion			

1.3 Labour care:

<input type="checkbox"/> Keen to move around/different positions	<input type="checkbox"/> Wireless monitoring
<input type="checkbox"/> Ideally free to eat and drink/ ice chips	<input type="checkbox"/> Wish to wear my own clothes

1.4 After delivery care:

<input type="checkbox"/> Injection for placenta delivery	<input type="checkbox"/> No injection for placenta delivery (please discuss with obstetrician)	<input type="checkbox"/> Delayed cord clamping
<input type="checkbox"/> Partner to cut umbilical cord	<input type="checkbox"/> Doctor to cut umbilical cord	
<input type="checkbox"/> Cord blood banking with _____ company (if applicable) Bring own collection kit		<input type="checkbox"/> Skin to skin contact with my baby

2. Preferences for caesarean section

- Partner to stay with me in the operating room
- Partner to stay with the baby
- Partner to trim umbilical cord
- Play my own music
- I/partner would like skin to skin with my baby
- Use phone to take photos
- Cord blood banking with _____ company (if applicable)

Bring own collection kit

3. Baby care

- I wish to breastfeed
- I wish to formula feed
- I wish to mix feed
- Vitamin K Injection or Oral Hepatitis B BCG site _____
- Circumcision in hospital (if applicable)
- Hearing Test (optional)
- I wish to room in with my baby

4. Any additional information/ points you wish to discuss
