**BIRTH PLAN TEMPLATE**

Feel free to cut and paste this birth plan template onto a word document for your own use. For more ideas on writing your birth plan click back to the [**Birth Plan**](http://reason8.com/upd8/FCKeditor/editor/info2.cfm?info_id=64042) page.

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**BIRTH PLAN FOR** *(insert your name)*

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| Place of Birth, First Preference *(Change this for each of your potential birth scenarios i.e. "Second Preference" etc.)*  | *(i.e. home birth, birth centre, hospital etc.)* |
| Birth Companions | *List your partner, doula, midwife, children etc. Do you mind having a student present?*  |
| Induction/Augmentation  | *List your preference and non preferences:**- Artificial Induction or Augmentation**- Membrane Sweep**- Natural Induction Methods, such as: castor oil, herbs, homeopathy, love making, meditation, aromatherapy, acupressure etc.* |
| Environment  | *List your preference and non preferences:**- Music**- Chatter**- Calm atmosphere**- Lighting* |
| First Stage of Labour   | *List your preference and non preferences:**- Eating/drinking**- Mobility**- TENS Machine**- Entonox**- Pethidine* *- Epidural**- Water Pool**- Massage**- Aromatherapy/hypnobirthing/homeopathy**- Hot/cold packs*      |
| Foetal monitoring / Vaginal Examinations | *List the type, if any, of foetal monitoring you prefer; Electronic or Doppler.* *State your preference regarding VE (vaginal examinations).* |
| Second Stage of Labour  | *List your preference and non preferences:**- Position**- Pushing**- Touching baby’s head**- Discovering the sex**- Photos* |
| Assisted Delivery  | *List your preference and non preferences:**- Forceps,* *- Ventouse**- Episiotomy**- Perennial massage/hot compresses*  |
| Cutting the Cord | *List your preference and non preferences:**- How long would you like to wait after the birth before cutting the cord?**- Who would you like to cut it i.e. your partner?* *- If you are planning a lotus birth, list that here.* *- Would you like to keep the placenta?* |
| Third Stage of Labour | *List your preference and non preferences:**- Syntometrine* *- Syntocinon**- Pulling on the cord etc**- Herbs/homeopathy**- Fundal pressure**- Breast Feeding* |
| Fourth Stage of Labour (postpartum) | *List your preference and non preferences:**- Bonding/skin to skin Immediately after birth* *- Weighing, measuring, washing and dressing baby**- When would you like to shower or bathe?*- *When would you like to eat or drink*  |
| Baby Care | *List your preference and non preferences:**- Skin to skin contact**- Breast feeding**- Pacifiers* *- Glucose water* *- circumcision if the baby is a boy**- Vitamin K**- vaccinations* |

**In Case of an Emergency, Caesarean Birth or Sick Baby**

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| Advocate - In an emergency, if I am unable to speak for myself, I would like the following person to be my advocate. | *State who you would like to advocate for you in the situation that you are unable, i.e. your husband, doula, or midwife etc.* |
| Birth Companions | *List your partner, doula, midwife, children etc. Do you mind having a student present?*  |
| Induction/Augmentation  | *List your preference and non preferences:**- Artificial Induction or Augmentation**- Membrane Sweep**- Natural Induction Methods, such as: castor oil, herbs, homeopathy, love making, meditation, aromatherapy, acupressure etc.* |
| Environment  | *List your preference and non preferences:**- Music**- Chatter**- Calm atmosphere**- Lighting* |
| First Stage of Labour   | *List your preference and non preferences:**- Eating/drinking**- Mobility**- TENS Machine**- Entonox**- Pethidine* *- Epidural**- Water Pool**- Massage**- Aromatherapy/hypnobirthing/homeopathy**- Hot/cold packs*      |
| Foetal monitoring / Vaginal Examinations | *List the type, if any, of foetal monitoring you prefer; Electronic or Doppler.* *State your preference regarding VE (vaginal examinations).* |
| Second Stage of Labour  | *List your preference and non preferences:**- Position**- Pushing**- Touching baby’s head**- Discovering the sex**- Photos* |
| Assisted Delivery  | *List your preference and non preferences:**- Forceps,* *- Ventouse**- Episiotomy**- Perennial massage/hot compresses*  |
| Cutting the Cord | *List your preference and non preferences:**- How long would you like to wait after the birth before cutting the cord?**- Who would you like to cut it i.e. your partner?* *- If you are planning a lotus birth, list that here.* *- Would you like to keep the placenta?* |
| Third Stage of Labour | *List your preference and non preferences:**- Syntometrine* *- Syntocinon**- Pulling on the cord etc**- Herbs/homeopathy**- Fundal pressure**- Breast Feeding* |
| Fourth Stage of Labour (postpartum) | *List your preference and non preferences:**- Bonding/skin to skin Immediately after birth* *- Weighing, measuring, washing and dressing baby**- When would you like to shower or bathe?*- *When would you like to eat or drink*  |
| Baby Care | *List your preference and non preferences:**- Skin to skin contact**- Breast feeding**- Pacifiers* *- Glucose water* *- circumcision if the baby is a boy**- Vitamin K**- vaccinations* |