

MY BIRTH PREFERENCES

Firstly, thank you to the wonderful team who will be helping bring our baby into the world. This birth plan is a representation of our hopes and preferences for this special day. We understand that birth is unpredictable, and while we would love for things to go according to this plan, the health and safety of our baby is the top priority.

LABOR PREFERENCES

Environment

- Dimmed lights
- Music of my choice
- Use of bath and shower
- _____
- _____
- _____

People in the Room

Partner's Name

Birth Support

Any Other Person

Pain Management

- Don't offer me pain management
- Let me labor naturally as long as there is no immediate danger to myself or my baby
- Yes I would like pain management
 - Opioids
 - Gas & Air
 - Epidurals

Communication

- Do you want an explanation of procedures and interventions before they happen?

Other Notes

DELIVERY PREFERENCES - IMPORTANT TO ME

- Freedom of Movement:** Permission to move and try various laboring positions.
- Monitoring:** Preference for intermittent monitoring, with flexibility based on medical advice.
- Natural Pushing:** Allow for my natural urge to push.
- Immediate Post-Birth:** Baby to be placed on chest for skin-to-skin, unless medically contraindicated.

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AFTER DELIVERY PREFERENCES - IMPORTANT TO ME

- Breastfeeding:** Support to initiate breastfeeding within the first hour.
- Vitamin K and Hep B:** Consent provided for Vitamin K shot and Hep B vaccination
- Delayed Cord Clamping:** Wait to clamp the cord until it stops pulsating.
- Routine Procedures:** Presence during any routine exams or procedures on the baby.

- _____
- _____
- _____
- _____
- _____
- _____



Midwifery Led Care
Public & Private

-  08 624 462 79
-  hello@JOGG.com.au
-  Joondalup Private Hospital

Birth Support

A SMALL NOTE

While these are our preferences, we understand birth can be unpredictable. The health and safety of us both are of utmost importance, and we trust the medical team's judgment.