



My Birth Plan

My Name _____ My DOB _____

My Baby's/Babies' Due Date _____ Single/Multiple Pregnancy _____

My Midwife's Name _____ Her Tel _____

My Birth Partner's Name _____ Relationship to me _____

My ideal Birth Experience _____

My preferred birth position _____

My choice of pain relief _____

I mind/don't mind assisted delivery (forceps, ventouse etc) _____

I would like to deliver the placenta naturally/by injection _____

I agree/disagree for my baby to be given Vitamin K _____

I would like direct/non-direct skin contact immediately after birth _____

I intend to breastfeed/bottle feed my baby _____

I agree/disagree to have a caesarean if required _____

I agree/disagree to students observing my birth experience _____

Religious special requirements _____