

# BIRTH PREFERENCES

## NAME:

Specifics you may need to know about me, my partner and my pregnancy.

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## LABOURING

PAIN MANAGMENT	ENVIRONMENT	ATMOSPHERE / MOOD
<ul style="list-style-type: none"><li>List any pain managment preferences you have.</li></ul>	<ul style="list-style-type: none"><li>Think about your 5 senses, list items and things you need for relaxation and OXYTOCIN.</li></ul>	<ul style="list-style-type: none"><li>How do you want people to be around you, if at all. Use your partner.</li></ul>
THINGS I LIKE THAT WILL AID IN RELAXATION, E.G MASSAGE.		

## IF INTERVENTION IS NEEDED..

list the things you are able to control

CHOICE	REASON FOR MY CHOICE

# IF A CHANGE OF PLAN IS NEEDED

WHAT IS IMPORTANT		
Going from home to hospital		
If i need an epidural is needed		
If a C-Section is required		
Any other medical intervention preferences: i.e episiotmies, hands on/off approach, forceps, clamping, ventouse, baby monitoring.		

# THIRD STAGE PREFERENCES

PHYSIOLOGICAL	ACTIVE

# CORD CLAMPING AND CUTTING

WHO/ HOW LONG/WHEN

## POST PARTUM CARE

THE GOLDEN HOUR

Include what youd like if baby were to need to go to NICU and what you would like if everything was okay,

BREAST/BOTTLE FEEDING HELP

Eg. Help with latch, how much baby should be eating in the first week and where to go for help.

VIT K AND 'BABY CHECKS

Include anything youd like to happen during this stage.

THINGS THAT WILL MAKE ME FEEL COMFORTABLE IN THE FIRST HOURS.