

First Name \_\_\_\_\_  
Primary birthing partner 1 \_\_\_\_\_  
Today's Date \_\_\_\_\_

Surname \_\_\_\_\_  
Birthing partner 2 \_\_\_\_\_  
Due/Induction Date \_\_\_\_\_

My delivery is planned as:

- Vaginal                                       Water birth                                       C-section

Would you like birthing partner to be with you throughout labour?

- Yes                                       No                                       Other \_\_\_\_\_

What positions I would like to be in for the birth?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Standing                    | <input type="checkbox"/> Squatting      | <input type="checkbox"/> Kneeling           |
| <input type="checkbox"/> Sitting                     | <input type="checkbox"/> In Bed         | <input type="checkbox"/> Side Lying         |
| <input type="checkbox"/> Birth Stool                 | <input type="checkbox"/> Birth Ball     | <input type="checkbox"/> Water Birth        |
| <input type="checkbox"/> All fours                   | <input type="checkbox"/> Walking around | <input type="checkbox"/> Lean on my partner |
| <input type="checkbox"/> Use partner for leg support | <input type="checkbox"/> Birth bar/rope | <input type="checkbox"/> Other _____        |

I would like to be coached when to push?

- Yes                                       No, I'll push when it feels right

Episiotomy (surgical cut on perineum):

- |  |   |
|--|---|
| <input type="checkbox"/> Used after perineal massage | <input type="checkbox"/> Performed as my doctor deems necessary |
| <input type="checkbox"/> Rather than risk a tear     | <input type="checkbox"/> Performed with local anesthesia        |
| <input type="checkbox"/> Not performed               | <input type="checkbox"/> Performed as last resort               |

During labour I would like...

- |                                  |  |                                      |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Quiet   | <input type="checkbox"/> Low Lighting      | <input type="checkbox"/> Music       |
| <input type="checkbox"/> Candles | <input type="checkbox"/> Drink & Ice chips | <input type="checkbox"/> Other _____ |
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Student midwives or medical students can provide support during labour. Can they be present at the birth?

- Yes                                       No                                       I don't mind

I am happy to be photographed/videoed by my birthing partner during labour?

- Yes                                       No

## **PAIN RELIEF**

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Would you like any pain relief?

- Yes                                       No                                       As little as possible  
 I'd like to decide at the time       Would like to be advised by midwife before deciding at the time

When decided, what pain relief would you consider?

- |                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Gas & Air | <input type="checkbox"/> TENS                 | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Pethidine | <input type="checkbox"/> Birthing pool        | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Breathing techniques | <input type="checkbox"/>          |

## **ASSISTED DELIVERY**

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- Ventouse (vacuum)                       Forcens

