| Name: | |
|---|--|
| Birth Partners Name: | |
| Due Date: | |
| I am aware that whilst these are my preferences, as labour/birth progresses | |
| my situation may change, so this plan may change. | |
| 1) Birth Partner: | 7) Third Stage of Labour/Delivery of Placenta: |
| | |
| | |
| 2) Birth Environment: | 8) Skin-to-Skin/feeding: |
| | |
| | |
| 3) Coping in Labour/Positions | 9) Vitamin K: |
| | |
| | |
| | |
| 4) Monitoring your Baby's Heartbeat: | 10) Induction of Labour: |
| | |
| | |
| 5) Birth: | 11) Speeding up Labour: |
| | |
| 6) Episiotomy: | 12) Potential Complications: |
| c, zpisiotomy. | 12) i otentiai compileations. |
| | |
| | |
| 13) Special Needs/Comments: | |
| | |
| | |
| Midwife/Doctor's Signature: | Date: |