

# BIRTH PREFERENCE

The Birth Preference form is designed to be used as a discussion tool with your midwife or medical practitioner. It should be brought with you to your 34 week medical appointment at Bendigo Health.

## YOUR DETAILS

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Support Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Due Date: \_\_\_\_\_

Name of obstetrician/midwife: \_\_\_\_\_

Other birth-support: \_\_\_\_\_

**Where do you want to give birth?**      At home      Hospital      Not sure

## LABOUR AND BIRTH

### Environment

Dim Lights

Quiet Music

Aromatherapy oils  
(some oils are not safe in pregnancy/labour for  
birth attendants or women)

Wear my own clothes

Other: \_\_\_\_\_

### Mobility during labour

I would like to keep active during labour and birth (walking, fitball etc.)

Mobility is not important to me

### Relaxation and comfort during labour

Massage

Bath

Fit ball

Shower

Bean bag

Hot packs

TENS

Hypnotherapy

Other: \_\_\_\_\_

### Position(s) for labour and birth

Walking

Standing

Squatting

Sitting

Kneeling

Lying Down

Birth Stool

Other: \_\_\_\_\_

## Fetal Monitoring

Continuous monitoring

Intermittent monitoring

## Vaginal/Cervix Examinations

I would like minimal examinations

I am happy for examinations as deemed necessary by medical or midwifery staff

## Pain Relief

Offer as soon as possible

Offer if I appear uncomfortable

Do not offer, I will ask if I want pain relief

## Medical pain relief options

I would like to try to manage without medical pain relief

Nitrous Oxide Gas

Morphine

Epidural

Other: \_\_\_\_\_

## Breaking of my waters

I prefer my waters be allowed to rupture on their own

I have no preference if my waters are artificially ruptured or allowed to rupture on their own

## Episiotomy

I would like an episiotomy to reduce the risk of tearing

I do not want an episiotomy unless there is an emergency situation

## Birth

I would like to touch baby's head when close to giving birth

I would like a mirror available to view my progress while pushing and giving birth

## Immediately following delivery

tick as many as you wish

I want baby placed on my chest immediately after birth

Please delay cord clamping and cutting until the cord stops pulsating

I would like my birth partner to cut the cord

I would like to cut the cord

Birth partner does not want to cut the cord

I would like to hold the baby while the placenta is delivered

I would like to discuss my options concerning drug administration to reduce the risks of haemorrhage after the birth of the baby.

I would like the baby to be examined in my presence

If the baby cannot be examined in my presence, I would like my birth partner to remain with the baby at all times

## Assisted delivery

If additional medical assistance is required for the birth, I would prefer:

Assisted delivery - vacuum

Assisted delivery – forceps

Caesarean section

## Caesarean

In the event that a caesarean section is deemed necessary, I would like the following:

Birth partner present

Screen lowered for birth

Photos

I would like skin to skin contact or to breast feed as soon as possible in theatre

I would like baby to remain with me in the theatre recovery area

Other: \_\_\_\_\_

# BABY CARE

## Feeding Baby

I wish to breastfeed exclusively

I wish to breastfeed, but formula supplementation is acceptable if medically indicated

I wish to formula feed

I do not want baby to be given a dummy

I am aware a lactation consultant service is available if I encounter issues that require specialist assistance.

**Vitamin K** - Hospital recommendation is for a single injection of Vitamin K soon after birth

I would like my baby to have the single recommended injection of Vitamin K

I would like my baby to have the first does of a series of oral doses of Vitamin K while in hospital

I do not want my baby to have Vitamin K

**Hepatitis B** - Hospital recommendation is for a single injection of Hepatitis B soon after birth

I would like my baby to have the single recommended injection of Hepatitis B

I do not want my baby to have Hepatitis B

## Any special dietary requirements for the new Mum

Other special needs for new Mum and/or birth partner (language, religion etc.)

### Length of stay in hospital

Length of stay recommended by the hospital is between 4 and 48hrs unless otherwise indicated.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_