MY PREFERENCES FOR LABOUR & BIRTH

Birth by Bushra

My Birth Plan

NAME

SUPPORT PERSON(S)

HOSPITAL

DOCTOR / MIDWIFE

My birth environment

- [ ] My support person/people with me as much as possible
- [ ] An all-female care team, where possible
- [ ] No medical students involved in my care
- [ ] Dim lighting and a calm environment
- [ ] My own music / soothing sounds
- [ ] Aromatherapy, if permitted
- [ ] Freedom to move around the room
- [ ] Access to a birth ball / peanut ball

During labour

- [ ] Eat and drink as tolerated, where clinically appropriate
- [ ] Stay mobile and change positions regularly
- [ ] Use upright / forward-leaning positions
- [ ] Labour at home during early labour for as long as it is safe
- [ ] Avoid routine interventions unless there is a clear clinical reason
- [ ] Please explain recommendations and ask for my consent before procedures
- [ ] I would like time to ask questions and discuss alternatives where possible

Birth by Bushra

My Birth Plan *, continued*

Monitoring & examinations

- [ ] If I am low risk, I prefer intermittent fetal monitoring after the admission CTG
- [ ] If continuous monitoring is advised, I prefer wireless monitoring where available
- [ ] Please support mobility even if I have an epidural, using position changes / peanut ball
- [ ] Vaginal examinations only when clinically useful and with my consent
- [ ] Fetal scalp electrode only if there is persistent loss of contact and after discussion
- [ ] Keep IV access as unobtrusive as possible if it is needed

Pain relief

- [ ] Breathing, movement and position changes first
- [ ] Massage / counter-pressure
- [ ] Heat or cold therapy
- [ ] TENS machine
- [ ] Shower / bath if available
- [ ] Gas and air / Entonox
- [ ] Opioid pain relief if requested
- [ ] Epidural if requested
- [ ] I would consider spinal anaesthesia if clinically appropriate

Induction / augmentation — if recommended

- [ ] Please explain why induction or augmentation is being recommended
- [ ] I would like the benefits, risks, alternatives and option of waiting discussed
- [ ] If my waters are intact, I would like discussion before artificial rupture of membranes
- [ ] If oxytocin is recommended, please explain the reason and monitoring required

Birth by Bushra

My Birth Plan *, birth*

Second stage & pushing

- [ ] Allow time for passive descent / labouring down if safe
- [ ] Wait for my natural urge to push where possible
- [ ] Freedom to push in the position that feels best for me
- [ ] Upright, side-lying, kneeling or all-fours positions encouraged
- [ ] Avoid prolonged flat-on-my-back pushing where possible
- [ ] Use a mirror if I request one
- [ ] Coached pushing only if clinically needed or I ask for it

Perineum & assisted birth

- [ ] Warm compresses / hands-on perineal support if appropriate
- [ ] Avoid episiotomy unless clinically indicated
- [ ] If assisted birth is recommended, explain why and discuss ventouse vs forceps where there is a choice
- [ ] Please use adequate pain relief for any examination or repair after birth
- [ ] If a significant tear is suspected, explain the plan for assessment and repair

Immediately after birth

- [ ] Immediate skin-to-skin if baby and I are well
- [ ] Delayed cord clamping until the cord has finished pulsating, if clinically appropriate
- [ ] My support person to cut the cord
- [ ] Stem cell / cord blood and tissue collection
- [ ] Keep baby with me during routine newborn checks where possible
- [ ] Breastfeeding support in the first hour if I choose to breastfeed
- [ ] Delay weighing / non-urgent procedures until after initial skin-to-skin where possible

Birth by Bushra

My Birth Plan *, caesarean & after birth*

If a caesarean is needed

- [ ] Please explain the reason for caesarean and allow time for questions where possible
- [ ] My support person with me in theatre, according to hospital policy
- [ ] If hospital policy allows, both support people present during skin preparation
- [ ] I would like to remain informed about what is happening throughout
- [ ] Delayed cord clamping if baby and I are well
- [ ] Skin-to-skin in theatre or recovery as soon as possible
- [ ] My support person to have skin-to-skin if I am unable
- [ ] Stem cell / cord blood and tissue collection if planned

Baby & feeding

- [ ] Baby to stay at my bedside / room-in with me
- [ ] Breastfeeding support
- [ ] Formula-feeding support
- [ ] Combination-feeding support
- [ ] No formula / bottles / pacifiers unless discussed with me first
- [ ] Delay baby's first bath for at least 24 hours
- [ ] I would like to be present for newborn examinations where possible
- [ ] Please discuss any nursery admission or separation from me

The most important things I want my care team to know

This plan records your preferences and can support conversations with your maternity team. Birth can change quickly, and some choices may need to adapt for clinical reasons or hospital policy. Your care team should explain recommendations and seek your informed consent wherever possible.

Share this plan with your care team — and keep a copy in your hospital bag.