

Proposal of My Birth plan

Date:

I/we,

Insert Given Name & Surname

would like to discuss our birth plan

Our Proposed Birth Plan	Specialist Comment
<p>Birth options Please indicate order of preference and state 'No' or cross out the ones you object</p> <p><input type="checkbox"/> As advised by my Obstetrician</p> <p><input type="checkbox"/> Vaginal Birth: await spontaneous labour</p> <p><input type="checkbox"/> Vaginal Birth: on a planned date Our preferred date is <input type="text"/></p> <p><input type="checkbox"/> Caesarean Birth: Our preferred date is <input type="text"/></p>	
<p>Hospital of Choice Please indicate order of preference and state 'No' or cross out the ones you object</p> <p><input type="checkbox"/> Ashford Hospital</p> <p><input type="checkbox"/> Calvary North Adelaide</p> <p><input type="checkbox"/> Flinders Private Hospital</p> <p><input type="checkbox"/> Flinders Medical Centre</p> <p><input type="checkbox"/> Women's & Children's Hospital</p>	
<p>Persons who can come into my Delivery room Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</p> <p><input type="checkbox"/> As advised by my Obstetrician</p> <p><input type="checkbox"/> Health professionals: doctors, midwives & nurses</p> <p><input type="checkbox"/> Partner / spouse</p> <p><input type="checkbox"/> Relatives: please state</p> <p><input type="checkbox"/> Medical / midwifery students</p>	

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<input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>Private Activities in my Delivery room Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</p> <p><input type="checkbox"/> As advised by my Obstetrician</p> <p><input type="checkbox"/> Eat & drink</p> <p><input type="checkbox"/> Walk around / sit on a chair</p> <p><input type="checkbox"/> Use the toilet / bathroom</p> <p><input type="checkbox"/> Entertainment, please describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p><input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	
<p>Labour management Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</p> <p><input type="checkbox"/> As recommended by my Obstetrician</p> <p><input type="checkbox"/> Labour induction with membrane sweeping</p> <p><input type="checkbox"/> Labour induction with prostaglandins</p> <p><input type="checkbox"/> Labour induction with transcervical balloon catheter</p> <p><input type="checkbox"/> Labour induction / management with rupture of membrane (ARM)</p> <p><input type="checkbox"/> Labour induction / management with oxytocin infusion</p> <p><input type="checkbox"/> Foetal monitoring: cardio-tocography (CTG) - abdominal probe</p> <p><input type="checkbox"/> Foetal monitoring: cardio-tocography (CTG) - foetal scalp electrode</p> <p><input type="checkbox"/> Intravenous drip to give me fluid and medications</p>	

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<input type="checkbox"/> Indwelling bladder catheter to monitor urine output <input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	
<p>Pain management Please indicate order of preference and state 'No' or cross out the ones you object</p> <input type="checkbox"/> As recommended by my Obstetrician <input type="checkbox"/> Nitrous oxide gas <input type="checkbox"/> Pethidine intramuscular injections <input type="checkbox"/> Epidural anaesthetics to titrate the amount of pain relief <input type="checkbox"/> Transcutaneous electrical nerve stimulation (TENS) <input type="checkbox"/> Back massage <input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	
<p>During birth – at second stage of labour when you are ready to push Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</p> <input type="checkbox"/> As recommended by my Obstetrician <input type="checkbox"/> Lie down in bed <input type="checkbox"/> Be in a knelling on-all-fours position <input type="checkbox"/> Sit up / squat / walk around <input type="checkbox"/> Have maximum pain relief <input type="checkbox"/> Have minimum pain relief so that I can feel the birth pain <input type="checkbox"/> See my baby coming out by using a mirror <input type="checkbox"/> Touch my baby's head while coming out <input type="checkbox"/> Have the cord cut by...	

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<p>please nominate: <input type="text"/> <small>choices: myself / partner / spouse / doctor / other</small></p> <p><input type="checkbox"/> Have skin-to-skin contact with my baby</p> <p><input type="checkbox"/> Others, please specify</p> <input type="text"/>	
<p>Emergency Management of Labour Complications <small>Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</small></p> <p><input type="checkbox"/> As advised by my Obstetrician</p> <p><input type="checkbox"/> All measures to be discussed and have my prior consent</p> <p><input type="checkbox"/> My next-of-kin can make decision on my behalf if I'm not able to please nominate: <input type="text"/></p> <p><input type="checkbox"/> Emergency caesarean delivery under spinal / general anaesthesia</p> <p><input type="checkbox"/> Operative vaginal delivery: vacuum extraction</p> <p><input type="checkbox"/> Operative vaginal delivery: forceps</p> <p><input type="checkbox"/> Episiotomy</p> <p><input type="checkbox"/> Blood transfusion</p> <p><input type="checkbox"/> Others, please specify:</p> <input type="text"/>	
<p>After birth management <small>Please indicate 'Yes' or tick <input checked="" type="checkbox"/> if you agree; 'No' or cross out the ones you object; 'TBA' or leave a blank if you are unsure but are happy to consider it if indicated.</small></p> <p><input type="checkbox"/> As advised by my Obstetrician</p> <p><input type="checkbox"/> Start breastfeeding as quickly as possible</p> <p><input type="checkbox"/> Put my placenta in a bag for me to bring home</p>	

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<input type="checkbox"/> To give my baby vitamin K and vaccination as per the current recommended guideline <input type="checkbox"/> To take photos / video <input type="checkbox"/> To have my spouse be with the baby if it is taken to the nursery <input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 30px; width: 500px; margin-top: 5px;"></div>	

Other Comment:

I / We understand and agree that

- Health safety is the top priority when it comes to managing my / our birth plan
- The birth plan proposed can be modified following discussion with my Obstetrician
- I/ we have the opportunity and right to seek a second opinion
- My Obstetrician cannot be coerced to follow a birth plan if and when my Obstetrician considers it a risk to the health and safety of our baby/babies
- I / we shall take full responsibility of the event if and when I / we choose to go against medical advice

Signature:

.....

Name:

Signature:

.....

Name:

Office Use Only

The above birth plan has been discussed with my Obstetrician, Dr Yen-Yung Yap on