



MY BIRTH PREFERENCES

MY DETAILS

Name:
Partner:
Additional Support:
Midwife:

EARLY LABOUR (AT HOME)

Contractions will form a regular pattern

- Ignore until I can't
- Organise child care
- Encourage me to rest/hydrate/eat
- Use distraction (movie/TV show/cooking/going for a walk/tidying house/upbeat music/affirmations with headphones)
- Use fit ball/shower/TENS/position changes/heat packs/Comb squeezes
- Spinning babies – inversions, jiggling, side lying release
- Text midwife if during the day for a heads up

PAIN RELIEF

- Sterile water injections (if posterior labour)
- Shower
- TENS
- Bath
- Counter pressure/massage
- Comb squeeze
- Gas
- Morphine
- Epidural

VAGINAL EXAMINATIONS

- I do/I don't consent to VE on arrival to the hospital
- I do consent to "routine" vaginal examinations
- I do not consent to routine vaginal examinations- I am happy to consider vaginal examinations at my midwife's recommendation

ACTIVE LABOUR

Contractions are intense and regular

- Shower with music or affirmations on
- Change positions – standing/toilet/sitting on fit ball/side lying/all fours/leaning on bench/nest on couch
- Ensure going to the toilet 1-2 hourly
- Offer snacks and water physically rather than verbally
- Questions only in between contractions
- Dim lighting, warmth, pets away, oils in diffuser
- Call midwife when contractions are every 2-3 minutes, lasting 60+ seconds and have been that way for a while.
- Reminders to keep body soft and open and relaxed
- Breathe with me

SECOND STAGE

- Happy for guidance with pushing if needed but do not want routine coached pushing
- Would like passive descent if I do not have an urge to push
- Warm compress to peri if not in pool
- Photos please!
- I am/I am not okay with episiotomy for fetal distress or signs of severe tearing
- I am/I am not okay with recommended CTG after one hour pushing
- I am/I am not okay with instrumental after 2hrs pushing if my baby is happy
- Do not comment on baby's sex - we will find out ourselves
- I would like to birth on all 4s/KICO/Lateral/Forward leaning position to reduce tearing

THIRD STAGE

- I want physiological 3rd stage.
- I do/do not consent to active third stage after an hour of waiting.
- If I am bleeding too much, my midwife can recommend I switch to active third stage
- I want active 3rd stage
- I would like my placenta to be birthed with the cord intact (including if active 3rd stage) if the cord is long enough
- Partner will cut the cord

INSTRUMENTAL

- Negotiation for longer pushing time vs instrumental – depending on clinical picture and reasoning – to be guided by midwife
- Minimal staff
- Quiet room and clear communication from obs to myself
- I do/do not consent to episiotomy
- I do/do not consent to a paediatrician being inside the room
- Cord to be left intact until stopped pulsating even with active third stage
- Immediate skin to skin
- I do/do not consent to the recommended IV antibiotics post an instrumental
- I am happy to stay the 24 hours in hospital for observation

POSTPARTUM

- Baby to remain skin to skin during suturing
- I plan to breastfeed
- Please allow baby led breastfeeding - no hands on
- I consent/I do not consent to Hep B
- I consent/I do not consent to Vit K
- I consent/I do not consent to the NST
- I would like to go home from the birth suite if all is well

FETAL MONITORING

- If there is an antenatal indication for growth scans- please discuss pros and cons with me and I will decide if I am wanting to do so.
- When checking the fluid around baby, if it is low on one occasion I would like to repeat it.
- I prefer to avoid CTG- I prefer intermittent auscultation.
- If I agree to a CTG I do/do not want a fetal scalp electrode

CAESAREAN

- Music playing from speaker
- No unnecessary talking between staff
- Keep staff and interruptions/people in and out to a minimum
- Spinal – Partner to be present for insertion
- Lights as dim as is safe
- One arm free from gown and IV
- Chest free from monitoring – can place on back instead
- Photos
- Drape lowered for birth of baby
- Pillows under my head for better visibility
- Delayed cord clamping
- Baby straight to me for skin to skin if crying and well – no going to resus cot
- No separation from me and baby when going to recovery
- Weight after a breastfeed and skin to skin

SCN

- Partner always with baby
- No formula or sugar water – will have colostrum for any procedure
- If baby is well enough, continue demand feeds not timed feeds
- I do/ do not consent to a dummy
- Midwife to be present for decisions and explain to partner for consent
- To communicate with myself for decision making if possible
- Skin to skin with partner ASAP
- Facilitate baby back with me ASAP

VBAC

- I do consent to continuous fetal monitoring (CTG)
Or
- I would like intermittent auscultation of the FHR and to switch to CTG if a problem arises
Or
- I would like a CTG on arrival and then to remove it if it is normal and switch to intermittent auscultation
- I do/do not consent to the recommended IV cannula
- I want to/do not want to labour in the bath with/without a CTG
- If I reach 41 weeks, I would like to continue to await spontaneous labour
Or
- If I reach 41 weeks, I would like to be induced
Or
- If I reach 41 weeks, I would like an elective CS

OTHER THINGS TO CONSIDER

- What are your preferences with MEC liquor? CTG? IOL? 24hr hospital stay? Paeds at birth?
- What are your preferences with prolonged rupture of membranes? CTG? IV cannula? IV antibiotics? 48hr hospital stay? Blood test for baby if inadequate IVABs? How many hours until you'd want these things?