

My Birth Preferences

UK / NHS birth plan - labour ward, birth centre or home

birthplan.net

Name: _____

NHS / hospital number: _____

Midwife / team: _____

Allergies: _____

Due date: _____

Birth partner(s): _____

Where I plan to give birth: _____

Medical notes (e.g. GBS, blood group): _____

Thank you for looking after us. These are my preferences if labour goes well. If things change, please talk me through my options and the reasons, and give us time to decide together whenever it is safe.

PLACE OF BIRTH

- ☐ Labour ward (obstetric unit)
- ☐ Midwife-led unit / birth centre
- ☐ Home birth
- ☐ Birth pool if available

Other: _____

ENVIRONMENT AND SUPPORT

- ☐ Lights low, quiet voices
- ☐ My own music
- ☐ Birth partner stays with me throughout
- ☐ Happy for student midwives / doctors to be present
- ☐ Please ask me first before students examine me
- ☐ No students, please

Other: _____

PAIN RELIEF

- ☐ Breathing, massage, TENS, water
- ☐ Gas and air (Entonox)
- ☐ Pethidine or diamorphine injection
- ☐ Epidural
- ☐ Please don't offer - I will ask
- ☐ Offer me pain relief when you think it may help

Other: _____

MONITORING AND EXAMINATIONS

- ☐ Intermittent listening-in if baby and I are well
- ☐ Wireless (telemetry) CTG if continuous monitoring is needed
- ☐ Vaginal examinations only when needed, with my consent
- ☐ Talk to me before a membrane sweep, breaking my waters or a drip

Other: _____

BIRTH

- ☐ Upright or active positions - my choice
- ☐ Push when I feel the urge (no coached pushing)
- ☐ Warm compresses / hands-on support to protect my perineum
- ☐ Avoid episiotomy unless clearly needed
- ☐ If an assisted birth is needed, explain forceps vs ventouse

Other: _____

THIRD STAGE (PLACENTA)

- ☐ Active management (injection to deliver the placenta)
- ☐ Physiological third stage if low risk
- ☐ Optimal (delayed) cord clamping
- ☐ Birth partner cuts the cord

AFTER BIRTH

- ☐ Immediate skin-to-skin, baby wiped and dried on me
- ☐ Uninterrupted first hour, first feed before weighing
- ☐ Vitamin K by injection
- ☐ Vitamin K by mouth (oral doses)
- ☐ Breastfeeding / chestfeeding
- ☐ Formula feeding
- ☐ Help from an infant feeding supporter

Other: _____

IF I NEED A CAESAREAN

- ☐ Birth partner with me in theatre
- ☐ Drape lowered to see baby born
- ☐ Skin-to-skin in theatre if well
- ☐ Partner has skin-to-skin if I can't
- ☐ My own music in theatre

Other: _____

POSTNATAL WARD

- ☐ Birth partner stays overnight if allowed
- ☐ Go home as soon as baby and I are well

Cultural, religious or dietary needs: _____

NOTES FOR MY MIDWIFE