**Birth Vision**

**Mother: (Your Name) Support People: Husband, Friend, Mother, Doula**

* + *We are hoping for a natural childbirth without unnecessary intervention or the use of drugs. We have asked a Doula to be present at the birth to help us work towards this. We appreciate your support with our birth preferences.*
	+ This plan represents our preferences; however we recognize that in the event of unforeseen difficulties it may need to be adjusting accordingly. In this eventuality please discuss all procedure options with us and whenever possible please give us some privacy to discuss the options.

**ENVIRONMENT**

* Request attendance by midwife who is supportive of natural birth
* I would prefer to wear my own clothes and to eat and drink as desired
* Please keep my door always closed during labour
* During labour, I would like only my support people present

**PAIN RELIEF/MONITORING**

* Should induction become necessary I would prefer to try alternative methods before artificial hormones and to be given time for the natural inductions to work.
* Please do not offer pain medication. I am aware of the options for pain relief and will ask for it if needed. If I ask, please offer non-medical choices for coping and remind me how close I am to birthing
* I prefer the baby to be monitored with intermittent foetal monitoring

**LABOUR/BIRTH**

* I would like to move freely throughout labour, trying different positions
* I would like to use the bath/shower/birth pool
* I prefer minimal number of vaginal examinations
* If baby is in distress, please confirm with alternative tests
* I prefer not to have an episiotomy, unless there is an emergency
* I prefer to be in a non-supine position to birth my baby
* I prefer to push instinctively, rather than being told how or when to push
* Please place baby on my chest following birth with a blanket to cover her
* Please allow the birth support person to announce the sex of the baby
* Please do not separate my baby from me unless medically necessary
* Please delay all routine procedures on baby in order to facilitate bonding
* Please help me to breastfeed as soon as possible
* Please wait for the umbilical cord to stop pulsing before it is clamped
* I would like to delay routine synctocin after delivery unless there is heavy bleeding

**CEASAREAN BIRTH**

* I would like my birth support person to be present
* If not an emergency, I would like to be conscious during the surgery
* please use a double layer suture and not a single layer in order to improve my chances for a future VBAC
* I would like contact with the baby as soon as possible
* If everyone is healthy, I would like to breastfeed in the recovery room
* I would like the baby to stay with me at all times if possible

**NEWBORN CARE**

* Please evaluate the baby on my abdomen
* Father to accompany baby at all times for medical treatment if required
* Please do not give the baby a dummy or formula without consent
* During my stay I prefer to room in with my baby