

BIRTH PREFERENCES

**My Name : My Hospital Number :**

**My Birth Partner/s Name/s and contact number :**

**I am planning to birth at : Home Hospital Birth Centre Elective Cesarean**

**I DO/ DO NOT wish to have a student supporting me during my birth.**

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| **My Preferences for managing Labour.** |

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| **Preferences for Pain Management** |

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| **Meeting My Baby** |

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| **Other important information about me.** |

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| **Episiotomy and Instrumental Delivery** |

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| **Emergency or Elective Cesarean.** |

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| **Induction of Labour** |