*I* *have considered my choices and have made a note of my preferences below, to help the health professionals who care for me and my baby to support me to achieve a positive birth experience.*

Name: ………………………………………..…. ***My Birth Preferences***

Hospital Number: ……………………………..

Name and contact numbers of birth partners:

The birth environment: *in which setting would you like to have your baby? (home, birth centre, hospital)*

*What would you like the atmosphere to be like? (lighting, noise, people present, equipment)*

Coping strategies in labour: *Would you like to be encouraged to be mobile and stay active?*

*How would you like to manage the contractions in the first stage? (breathing, water, pain relief methods)*

*Which positions would you like to use in the first stage of labour and to give birth to your baby?*

Pain management options: *Do you feel strongly about any forms of pain management?*

*Are you happy to explore alternative therapies? (hypnobirthing techniques, sterile water injections, aromatherapy)*

Interventions in labour and birth: *Do you feel strongly about any intervention? (induction, monitoring, vaginal examinations, episiotomy, forceps, ventouse, caesarean section)*

Meeting my baby: *Would you like to have your baby placed skin to skin immediately? Do you wish your baby to have vitamin K? How would you like to birth the placenta? Are you planning to breast feed?*

Other preferences: (*anything not covered above*)