

MY CAESAREAN BIRTH PLAN



MY NAME:

MY ADDRESS:

(Rule a line through or delete if not applicable)

PREPARATION FOR THEATRE

- I want to wear my theatre gown with opening at the front to facilitate skin-to-skin contact with my baby

- I am OK to have training medical staff present
I want to discuss with my midwife, pediatrician and anesthetist my wish to have skin-to-skin contact with baby in theatre

OTHER:

ENVIRONMENT

- I would like my own quiet music in theatre

OTHER :

MY BIRTH COMPANIONS

I wish to have the following:

- my birth partner present in theatre
- other support person/s present as discussed
- screen lowered at delivery
- a mirror available to view my baby's head at delivery
- assistance for me to lift my baby onto my chest if possible

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BIRTH

- I want to discover the sex of my baby for myself, or to be told by my birth partner
- Please delay cord clamping and cutting until pulsating ceases

SKIN-TO-SKIN CONTACT

- I would like to assist lifting my baby onto my chest if possible
- I want baby on my chest immediately after birth unless medically indicated

AFTER MY BABY'S BIRTH

- I would like the baby to be examined in my presence.
- If the baby cannot be examined in my presence, I would like my birth partner to remain with the baby at all times

PLACENTA.

- I would like to keep my baby's placenta
- I would like my baby's placenta left attached

PHOTO/VIDEO I want a birth photographer to take photos/videos

FEEDING MY BABY

- I wish to breastfeed exclusively
- I wish to breastfeed, but formula supplementation is acceptable
- I wish to formula feed
- I do not want baby to be given a pacifier
- I would like to meet with a lactation consultant
- I would like to be shown how to breastfeed lying on my side in bed.

PAIN MANAGEMENT

- I would like a rolled-up towel or a wound splint device to support my wound area
- I would like an ice pack for my wound
- Please follow medical protocol if administering regular pain relief
- I do not want any (name medication)

HOSPITAL

- I would like to have as short a hospital stay as possible
- I would like to stay in hospital for 1-2 days after the birth
- I would like to stay in hospital for more than 2 days after the birth

In the event that baby requires special care due to trauma or illness I would like:

- to breastfeed/pump breast milk
- my birth partner to accompany baby if transferred to another hospital

SPECIAL NEEDS

These are my special needs requests (e.g., language translator, religious issues, disability):

DATE:

SIGNATURE: