



BIRTH PLAN

Preparing a birth plan will give you and your partner the opportunity to reflect on the various choices that are available during labour and childbirth. Be sure to discuss your wishes and concerns with your doctor, midwife or specialized nurse practitioner (SNP) before delivery.

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ET grandir

1 MY NAME IS:

DURING MY DELIVERY, I WILL BE ACCOMPANIED BY:

2 PREFERENCES DURING LABOUR:

- Music
- Dimmed lighting
- Aromatherapy
- Wear my own clothes
- Be able to eat and drink when I want
- Be able to move freely

3 ADDITIONAL PREFERENCES:

- Inform me of all interventions before they are performed
- Limit the number of staff going in and out of my room
- Keep medical students out of the room if possible
- Use only handheld devices to periodically check my baby's condition
- Keep the volume of the monitors low to help me relax

4 PREFERENCES REGARDING VAGINAL EXAMINATIONS:

- Performed at my request only
- Performed when the medical team deems necessary

5 PREFERRED PAIN RELIEF METHODS:

- [Bath or shower](#)
- [Bonapace method](#)
- [Breathing and relaxation techniques](#)
- [Exercise ball](#)
- [Hot water bottle or Magic Bag](#)
- [Massage](#)
- [Reflexology or acupuncture](#)
- [Self-hypnosis](#)
- [Sterile water injections](#)
- [TENS](#)

6 PREFERENCES REGARDING PHARMACOLOGICAL PAIN RELIEF METHODS (NITROUS OXIDE, SEDATIVES, EPIDURAL):

- Provided to relieve pain as necessary
- Provided only if I request them
- Explain the advantages and disadvantages of each method to me

7 INTERVENTIONS I WOULD PREFER TO AVOID IF POSSIBLE:

- Balloon catheter
- Episiotomy
- Forceps or vacuum
- IV
- Local anaesthesia during the pushing stage
- Prostaglandin gel or insert

8 PREFERRED STIMULATION TECHNIQUES IF LABOUR SLOWS DOWN:

- Walking and movement
- Reflexology
- Amniotomy
- Breast stimulation
- Bath or shower
- Injection of synthetic oxytocin
- I would prefer to avoid artificial stimulation and allow my baby to come naturally

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9 PREFERRED POSITIONS WHEN IT'S TIME TO PUSH:

- Hands and knees
- Reclining
- Side lying
- Sitting or semi-sitting
- Squatting
- Upright

10 PREFERENCES AT THE PUSHING STAGE:

- Have a mirror ready so I can view the birth
- Use a birthing stool
- Apply hot compresses to perineum
- Have my birth partner participate
- Advise me on how to push
- Allow me to push following my instinct
- No instructions out loud that could distract me

11 PREFERENCES IF A CAESAREAN SECTION IS NEEDED:

- Preparatory care (shaving, urinary catheter) done after the anaesthetic has been administered
- Birth partner present during surgery

12 PREFERENCES ONCE MY BABY IS BORN:

- Bring my baby to me immediately to initiate skin-to-skin contact
- Have my birth partner hold my baby if I'm not ready
- Wait two minutes after the birth before clamping and cutting the umbilical cord
- Allow me to cut the umbilical cord myself
- Have my birth partner cut the cord

13 I AGREE THAT MY BABY WILL RECEIVE THE FOLLOWING MEDICAL CARE:

- Airway suctioning (nose, mouth)
- Bath after 24 hours of life
- Vitamin K injection in the thigh
- Antibiotic ointment in the eyes
- I would like these procedures and my baby's examination to take place after the first feeding and to be done on me

14 PREFERENCES REGARDING THE DELIVERY OF THE PLACENTA:

- Oxytocin injection to speed up placental delivery
- Natural delivery, without intervention
- Returned to me after delivery

15 PREFERENCES REGARDING FEEDING:

- Breastfeed (no infant formula)
- Breastfeed and use infant formula only with my permission
- Infant formula
- Visit from a lactation consultant if I am having difficulty breastfeeding

16 PLEASE NOTE THE FOLLOWING ADDITIONAL INFORMATION:

Signature of mother

Signature of partner

Signature of doctor, midwife or SNP