

My Birth Choices

For information about pregnancy, childbirth, parenting education and breastfeeding visit

www.womensnewbornhealth.com

womensnewbornhealth.com.au

Why list my birth choices?

In preparing for your birth you get to explore the many options available to assist you to birth and bond with your baby.

Every woman's birth is an individual experience and preferences for what is ideal varies from one woman to the next.

This document outlines options for comfort measures to use during your labour and birth. It also discusses various support options that your partner and support people can provide.

Your choices are not a **wish** list or a **rigid** set of rules about how you want your labour and birth experience to be. They are more of a guideline for you, your support people and the staff caring for you. Exploring these options during your pregnancy will help you to make informed decisions about the assistance you need for birth and parenting.

Your birth choices should be flexible and change as you think more about what you would like for your birth. Each birth is different and preparing your birth choices/options are an important part of pre-birth preparation.

You are more likely to feel comfortable with your decisions knowing why you made them. Use of a simple tool such as the BRAIN acronym can assist with decision making (see last page).

You will be able to discuss your preferences with your partner/support people and find out how the hospital and staff can support your choices.

Attending preparation for birth and parenting classes is recommended.

There are a variety of options you need to explore. The following will assist you in having an active birth. The use of:

- Water
- Massage
- Music
- Active birthing positions - walking around and being upright, or side-lying

Other things to think about:

- Who your support people will be?
- How will they support you during labour and birth?
- What are the benefits and potential complications of medical or surgical interventions?
- If you need to have a planned caesarean section what are your preferences for skin to skin contact with baby in the recovery room?

There are many examples and guidelines that can assist you with making your choices. The details will vary depending on what you prefer your labour and birth to be like and what options you prefer for your baby.

Flexibility is necessary and it is important to discuss your preferences with your care giver/s so they too are aware and can support you in your decision making.

The following is an example you may like to use to write down your choices.



Childbirth and parenting education: <https://www.wslhd.health.nsw.gov.au/WNH/Childbirth-Parenting-Education/2019-class-information-and-booking>

Breastfeeding: <https://www.wslhd.health.nsw.gov.au/WNH/Health-Information/Breastfeeding---Newborn-Baby-Care>

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My Details

Name:	Birth Partner's name:
Birth Partners' mobile:	
Baby's estimated due date:	
Other birth-support (doula / other family):	
Previous birth experience	

Antenatal Preparation for Birth

- I would like to know how to massage my perineum to help reduce tearing at birth

My Labour & Birth

Environment

- | | |
|---|---|
| <input type="checkbox"/> Dim lights | <input type="checkbox"/> Quiet music |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Wear my own clothes |
| <input type="checkbox"/> Birthing ball | <input type="checkbox"/> Bed against the wall |
| <input type="checkbox"/> Hidden medical equipment | |
| <input type="checkbox"/> Other- | |

Monitoring my baby's heartbeat

- I am happy to be monitored intermittently with a hand-held Doppler
- If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile

- Fetal scalp electrode (FSE)

Vaginal / Cervix examinations

- I would prefer minimal examinations
- I am happy for examinations as deemed necessary by staff

Relaxation and comfort during labour

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Massage | <input type="checkbox"/> Warm packs | <input type="checkbox"/> Bath |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Fit ball | <input type="checkbox"/> Bean bag |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Other- |

Mobility during labour

- I would like to keep active during labour if possible (walking, fit ball, etc.)
- Mobility is not important to me

Position/s for labour and birth

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Standing | <input type="checkbox"/> Kneeling |
| <input type="checkbox"/> Squatting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Lying down |
| <input type="checkbox"/> Birth stool | <input type="checkbox"/> Water birth | <input type="checkbox"/> Other |






Pain relief



- Do not offer me pain relief – I will ask if I want pain relief
- Only offer pain relief if I appear uncomfortable
- Please offer pain relief as soon as possible
- I would like to use heat packs
- I would like to use warm water - shower or bath

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 Medical pain relief options	
Number options in order of preference:	
<input type="checkbox"/> I prefer to try to manage without medical pain relief options	
<input type="checkbox"/> Gas (nitrous oxide) / air	<input type="checkbox"/> Sterile water injections for back pain
<input type="checkbox"/> Morphine	<input type="checkbox"/> Epidural
 Rupturing of the amniotic sac	
<input type="checkbox"/> I prefer my amniotic sac be allowed to rupture on its own	
 Birth	
<input type="checkbox"/> I would like warm compresses applied to my perineum as I am birthing the baby	
<input type="checkbox"/> I would like a mirror available to view the pushing / crowning / birth	
<input type="checkbox"/> I would like to touch my baby's head when it crowns	
<input type="checkbox"/> I do not want to be told my baby's sex – I want to discover first-hand	
<input type="checkbox"/> I would like my partner / support person to receive my baby as I give birth	
 Episiotomy	
<input type="checkbox"/> I do not want an episiotomy	
<input type="checkbox"/> If indicated, an episiotomy is acceptable	
<input type="checkbox"/> Unsure (please talk to your health care provider)	
 Assisted birth	
If additional medical assistance is required for the birth, I have read information about:	
<input type="checkbox"/> Forceps birth	<input type="checkbox"/> Vacuum birth

<input type="checkbox"/> Caesarean section	<input type="checkbox"/> Unsure (please talk to your health care provider)
 Caesarean	
In the event that a caesarean section is deemed necessary, I would like the following:	
<input type="checkbox"/> Birth partner present	<input type="checkbox"/> I do not want to be separated from my partner & baby
<input type="checkbox"/> Photos / video	<input type="checkbox"/> I would like quiet music playing
<input type="checkbox"/> Screen lowered at birth	<input type="checkbox"/> I would like the procedure described to me as it is happening
<input type="checkbox"/> Delayed cord clamping	<input type="checkbox"/> Unsure (please talk to your health care provider)
<input type="checkbox"/> Other	
 Immediately following birth	
<input type="checkbox"/> I want my baby placed on my chest immediately after birth (skin-to-skin)	
<input type="checkbox"/> I do not want my baby wiped down and the vernix removed	
<input type="checkbox"/> I do not want the liquor wiping off my baby's hands to allow my baby to find my breast and latch on	
<input type="checkbox"/> I would like my baby to remain skin to skin until after the first breastfeed	
<input type="checkbox"/> Please delay cord clamping and cutting until pulsating ceases	
<input type="checkbox"/> I would like to cut my baby's cord	
<input type="checkbox"/> I would like my birth partner to cut the cord	
<input type="checkbox"/> I would to hold my baby while the placenta is delivered	

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- I would like to have active management of the 3rd stage
- I would like a physiological management of the 3rd stage
- I would like the baby to be examined:
 - In my presence While still on my chest
- If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
- Unsure (please talk to your health care provider)
- Other-
- I would like to go home from the Birth Unit, with home visits from a midwife

My Baby's Care

If my baby needs to go into a special care nursery due to medical reasons

- I would like to breastfeed / express breast milk for my baby
- I would like assistance to nurse my baby skin-to-skin
- Other requests:

Feeding my baby

- I wish to breast feed
- I wish to formula feed
- I do not want my baby to have formula milk

Vitamin K for my baby

- I would like my baby to have the single injection of Vitamin K
- I would like my baby to have oral Vitamin K (three doses)
- Unsure (please talk to your health care provider)

Hepatitis B for my baby

- I would like my baby to be vaccinated with Hepatitis B vaccine before discharge
- Unsure (please talk to your health care provider)
- I do not want my baby to have Hepatitis B vaccine

Your signature:

Date:

Healthcare Provider's name and signature:

For further information about pregnancy and birth visit our website:

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For information on breastfeeding visit

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Need to make a decision?

Use your brain!

B Benefits What are the benefits of this Procedure? How will this positively impact my labour, my baby or myself

R Risks What are the risk of this procedure? How might this negatively affect my labour, my baby or myself

A Alternatives Are there alternatives to this procedure? Are there other options that may have similar results

I Intuition What is my gut telling me about this?

N Need time/Nothing
Can this procedure be delayed? Can I take some time to think about it? What will happen if I choose to watch and wait for now?

Adapted from www.chinookcitydoulas.com

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:
WSLHD-Get_Involved@health.nsw.gov.au