

# BAMBINO Club

## BIRTH PREFERENCES

My name: .....

My birth partners name/s: .....

My due date: .....

Most important information about me and my pregnancy: .....

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Place of birth preference:

Home Birth

Midwifery led unit

Obstetric led unit

Pain relief options I would be happy to try if/when needed:

I would like to avoid pain relief options

Hypnobirthing techniques

TENS machine

Birthing pool

Gas and air

Opioid (Pethidine/diamorphine)

Epidural

Preference on trainees:

X1 student allowed

No students allowed

Students? The more the merrier!

Birth environment. Which of the following will encourage you to feel comfortable and relaxed?

Dimmed lighting

Mats

Music

Aromatherapy

Birthing ball

Massage

Other .....

Birth of placenta:

Physiological

Active management

Umbilical cord:

I would like delayed cord clamping

I would prefer the cord to be clamped immediately

I would like ..... to cut the cord

Vitamin K for baby:

Intramuscular (injection) vitamin K preferred

Oral vitamin K preferred

I would prefer my baby not to have vitamin K

Skin-to-skin:

Yes please!

No thank you

My partner/birth partner would also like to do skin to skin

Feeding:

I would like to breastfeed

I would like to bottle feed

I would like to mix feed

Special requirements:

English is not my first language and I will need an interpreter

I need a sign language interpreter

I have special dietary requirements

I and/or my partner have special needs

I would like religious customs to be observed

More information about special requirements:

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Any final comments: .....

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