



GRUPO **HPASAÚDE**

## CHILDBIRTH PLAN

Name: \_\_\_\_\_ Family Member: \_\_\_\_\_

Probable Date of Birth: \_\_\_\_\_ Obstetrician: \_\_\_\_\_

Obstetric Index: \_\_\_\_\_ Prenatal Exercises  No  Yes

Please complete the form below according to your delivery expectations. Bear in mind that due to possible complications which may arise during labor or for the safety of the mother and/or baby, it might not be totally or partially possible to fulfill them. Discuss your childbirth plan with your HPA obstetrician and midwife/nurse.

### DESIRED TYPE OF CHILDBIRTH

> Natural Birth  > Cesarean Section

### CONDITIONS

> Gestational Diabetes  > Gestational Hypertension  > Serology 3<sup>o</sup>T   
> Streptococcus B+  Neg.  Pos. > Blood Group \_\_\_\_ RH \_\_\_\_

### LABOUR

During labor would you like to have:

> Music  > Calm Atmosphere  > Freedom of Movement   
> Aromatherapy  > Minimum Interruptions Possible  > Family Member With You   
> Wear Own Clothes  > Display Personal Objects  > Access to Light Snacks   
> Minimum Professional Staff  > Intermittent Monitoring  > Continuous Monitoring

### INDUCED LABOR

> Administration of Oxitocin  > Administração de Prostaglandins  > Artificial Rupture of Membranes   
> Minimum Number of Observations Possible  > Prefer Spontaneous Labor Non Medicated

### PAIN RELIEF

> Breathing  > Epidural  > Relaxation   
> Sedatives  > Narcotics  > Shower   
> Walking  > Massage  > Positioning   
> Pilates Ball  > Bean Cussion  > Nothing

## BIRTH

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During birth, you wish to be in which position:

- > Knees
- > Haunches
- > Reclining
- > Legs Up
- > Bar
- > Lateral Position

During the Baby's Birth, do you wish:

- > Touch the baby's Sculp
- > Help with Delivery of Baby
- > Avoid Vacuum Delivery
- > Asisted Effort Delivery
- > Foetal Delivery on Reflex Only

## POST-PARTUM

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- > Umbilical Cord Ligation By me / By Partner
- > Do Not Wish to use a Dummy, Teat, Formula
- > Newborn Exams – Routine Procedures in my Presence
- > Immediate Skin to Skin Contact
- > Blood Collection from Umbilical Cord
- > Delay Umbilical Cord Ligation
- > Immediate Adaptation to Breast
- > I wish to Breastfeed
- > I do not wish to Breastfeed
- > I Wish to Combine Breast Milk and Formula

## OBSERVATIONS