



BIRTH PREFERENCE PLAN

NAME:

DATE OF BIRTH:

ESTIMATED DUE DATE:

BIRTH PLACE:

GENERAL/PERSONAL INFORMATION:

MONITORING IN LABOUR:

PAIN RELIEF:

IMPORTANT INFORMATION:

BIRTH PARTNER:

CONTACT NUMBER:

RELATIONSHIP TO YOU:

BIRTH ENVIRONMENT:

SECOND STAGE OF LABOUR:

DELIVERY OF PLACENTA:

THE GOLDEN HOUR:

INDUCTION:

INSTRUMENTAL DELIVERY:

UNPLANNED C-SECTION:

ADDITIONAL INFORMATION: