 高麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGOB0165(F)-E
		Last review date	Nov 2017
	Subject Birth Plan	Next review date	Nov 2020
		Approved by	Obstetrics Team, QMH
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Birth Plan

Name of Woman: _____

Introduction

Pregnancy and delivery are usually normal and natural things that occur in a woman's life. However, without any preparation, the woman may find it more stressful and frightening. In addition, your expectation of labour and delivery may also be different from what we can provide in our maternity unit.

In order to enhance the communication and understanding between the midwives / obstetricians and you, to reduce your stress and to help you to be better prepared for the child birth, we would like your participation in making your own birth plan. We hope that you and your partner can join our **antenatal health talk**. During the talk, we will answer your queries, and let you know more about us, about the services that we provide.

The following is just a basic list of issues that we prepare to help your planning. Please note that the list is made with the assumption of normal vaginal birth. For conditions that require medical intervention, the situation will be different and our midwives and obstetricians will give you the necessary explanation when required. Please feel free to add in any information or item that you think relevant. You can pass your birth plan to midwife on your admission for delivery.

O&G Department
QMH / TYH

Birth Plan – Issues to think about


When you are being admitted to the hospital:

The name I would like to be called is _____

Issues	Remarks
Decision for the management of pre-labour rupture of membranes:	<input type="checkbox"/> Induce <input type="checkbox"/> Observe and wait

When you are in labor:

Issues	Remarks
Your partner who accompanies you during labour:	Name: _____
Rupture of membranes if already in labour :	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Artificial
Fetal heart monitoring:	<input type="checkbox"/> Use continuous telemetry monitoring <input type="checkbox"/> Use intermittent monitoring
Your position during first stage of labour:	<input type="checkbox"/> Up and about <input type="checkbox"/> Sitting on chair <input type="checkbox"/> Birth ball <input type="checkbox"/> Stay on bed
Pain relief: (can choose more than 1 item) <i>Natural method (Provide comfort):</i>	<input type="checkbox"/> Relaxation breathing exercise <input type="checkbox"/> Childbirth massage (partner participate) <input type="checkbox"/> TENS <input type="checkbox"/> Music (CD player available) <input type="checkbox"/> Aromatherapy (Essential oil available) <input type="checkbox"/> Dim light

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<i>Pharmacological:</i>	<input type="checkbox"/> Entonox inhalation <input type="checkbox"/> Pethidine injection <input type="checkbox"/> Epidural Analgesia
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At Delivery

Position of deliver (can change according to the time of delivery):	<input type="checkbox"/> upright <input type="radio"/> Sitting >45° <input type="radio"/> Squatting <input type="radio"/> Standing <input type="radio"/> Kneeling <input type="checkbox"/> all fours <input type="checkbox"/> lateral
Allow tear instead of making episiotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow delay cord clamping around 1-2 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cut cord by partner if situation allows	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injection of Oxytocic drug at 3 rd stage of labour. (The drug can help to reduce blood loss after delivery.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deliver of placenta: If you receive the Oxytocic drug, we must help you to deliver the placenta in order to prevent retain placenta.	<input type="checkbox"/> Assisted <input type="checkbox"/> By maternal effort
Mother and baby are having their first skin-to-skin contact immediately after birth and at least one hour.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Baby in labour room

Routin drug & immunization <ul style="list-style-type: none"> ● Vitamin K1 ● Hepatitis B Vaccine ● +/- Immunoglobulin (It is recommended your baby to receive all the routine drug and immunization to protect your baby.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Baby in Postnatal Ward

First bath on next day after birth when temperature is stable (No need to have daily bathing for newborn in the first week of birth)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other ideas / Remarks: _____
