



The Relaxed
Mama Club

BIRTH PREFERENCES

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NAME: [REDACTED]

CONTACT NUMBER: [REDACTED]

ESTIMATED DUE DATE: [REDACTED]

BIRTH PLACE CHOICE: [REDACTED]

IMPORTANT INFO: [REDACTED]

BIRTH PARTNER: [REDACTED]

RELATIONSHIP TO YOU: [REDACTED]

CONTACT NUMBER: [REDACTED]

ENVIRONMENT

I/We would like the following:

- Soft lighting where possible
- Quiet where possible
- The facility to play my/our choice of music
- Use of the pool during labour/birth/both
- The word 'surge' to be used in place of 'contraction'
- The word 'pain' to be avoided if possible

MONITORING

I/We would like the following:

- To have regular vaginal examinations
- To not have vaginal examinations
- To use remote monitoring equipment

LABOUR & PAIN RELIEF

I/We would like the following:

- Freedom of movement
- Use of a birthing ball or other equipment
- Hypnobirthing
- Massage
- Aromatherapy
- TENS Machine
- Paracetamol
- Gas and air
- Pain relieving injections
- Epidural

BIRTH & AFTERWARDS

I/We would like the following:

- The midwife to catch the baby
- My partner to catch the baby
- Myself to catch the baby
- Optimal cord clamping
- Midwife to cut the cord
- My partner to cut the cord
- Active management of the third stage
- To see the placenta
- To not see the placenta
- To keep the placenta
- A calm and dimly-lit first hour
- Skin to skin as soon as possible
- Vitamin K injection for baby

ADDITIONAL NOTES

[REDACTED]