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## Birth Preference Plan

Please note your preferences and discuss this document with your obstetrician as early as possible. Give a copy of this form to your caregivers when you arrive at the labour ward.

Name:	Bloodgroup:
Birth Partner:	Previous delivery:
Expected due date:	Obstetrician:

I will also have the following doula/midwife/birth photographer present:

My ideal birth is:	Natural birth	Hypno-birth	Vaginal birth	Elective CS	VBAC	Other:
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Please indicate your preferences by ticking the appropriate boxes:	No Problem	If indicated	Only in emergency	Strongly disagree	Absolutely NO
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### Initiation of labour

Stretch and sweep					
Releasing the membranes					
Vaginal suppository					
Intra-venous oxytocin					
Other:					

### During labour

Insertion of an intravenous line					
Intravenous fluid for rehydration					
Fetal monitoring through CTG					
The assistance of a student nurse					
Other:					

### Painrelief

Gas (NO <sub>2</sub> )					
Water					
Injections					
Epidural					
Other:					

### At delivery

Episiotomy					
Assisted delivery (Kiwi Vacuum or forceps)					
Delayed cord clamping					
Immediate skin to skin					
Suturing of tears					
Other:					

### In General

Bloodtransfusion					
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My Partner would like to:					
Help deliver my baby					
Cut the umbilical cord					
Take the placenta home					
Perform religious rites					

### Please specify any other labour preferences and requests below:

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