

Name:

NHI:

EDD:

DOB:

Birth Plan for Elective Lower Segment Caesarean Section

Caesarean

- My partner is to be present at all times during the procedure
- I would like the baby to be shown to me immediately after it's born
- I would like skin-to-skin with the baby as soon as I can
- I would like my partner to have skin-to-skin
- I would like to breastfeed as soon as possible
- If needed I am happy for hand expressing if colostrum is needed

Placenta/Whenua (check all that apply)

- I would like to view the placenta/whenua
- I would like to keep the placenta/whenua
- I have a special container/ipu whenua for the placenta/whenua
- I do not wish to keep the placenta/whenua

Newborn Procedures

- I would like all newborn procedures delayed until breastfeeding and bonding have occurred
- I would like the newborn procedures performed in my presence
- I would like the newborn procedures performed straight away
- If the baby has any problems I would like my partner to be with the baby at all times, if possible

Vitamin K

- I do not want my baby to have Vitamin K
- I wish for my baby to have Vitamin K orally
- I wish for my baby to have IM injection of Vitamin K

Immunisations (check which applies)

- I am aware that my baby requires Hep B Vaccination after birth, and a bath prior to vaccination
- I am aware that my baby requires Tuberculosis vaccination
- I will be vaccinating my baby
- I have chosen not to vaccinate my baby and will opt off the Immunisation Register

Guthrie

- I am happy for routine metabolic testing
- I request the fourth test to be returned
- I have chosen to not do routine metabolic testing

Breastfeeding

- My beliefs around breastfeeding discussed
- Breast and nipple anatomy discussed
- Partner and family support/beliefs discussed
- I have chosen to exclusively breastfeed my baby
- I would prefer to bottle-feed
- I would like to breast and bottle-feed
- I would like to avoid using a pacifier
- I would like a consultation with a Lactation Consultant
- Expressing indications discussed
- I would consider donor milk

Length of stay in the Birthing Unit or Hospital

- I would like to leave as soon as possible after the delivery of baby
- I would like to stay in hospital _____ days if possible

