



BIRTH PLAN

Name:

Contact No.:

HKID:

Labour partner:

Contact No.:

Doctor's details –

OB-GYN:

Anaesthesiologist:

Paediatrician:

Write about your detailed preferences with regards to:
Labour (this includes breaking waters, position of labour, using a birthing ball, etc.):

Delivery (this includes spontaneous vaginal, assisted vaginal and C-section deliveries, cord clamping, placenta removal, etc. If opting for cord blood banking, please add contact details here):

Pain management (if acceptable, what type):

Feeding and care of baby (includes staying in the nursery, first bath, etc.):

Vaccinations: