



Verloskundig Centrum Schiedam  
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## Birthplan

Name:  
Date of birth:  
Partner name:

**Where would you like to give birth and why is this your preference?**

**Who would you like to have with you during childbirth?**

**How do you see the guidance from us during delivery?**  
*From what point would you like the midwife to be present?*

**What is your partner's role during childbirth?**  
*What can he or she do for you during childbirth? What do you like? What don't you like?*

**Which positions do you want to try during the contractions?**  
*For example: walking, skippy ball, in the shower, in the bath etc.*

**How do you feel about pain relief?**  
*If you are considering using pain relief during childbirth, what form of pain relief is your preference and why?*

**Which position do you want to take during the pushing part?**

*For example: on hands and knees, on the perch stool, side position, back position, bath etc.*

**Do you have any fears about childbirth?**

*If so, how do you want to deal with this or how can we help you with this?*

**How do you feel about medical procedures during childbirth?**

*A cut is only made if there is an emergency and is done under anesthesia. In addition to the cut, for example, the internal examination, the breaking of your membranes, the administration of Oxytocin (shot in your leg after birth child to minimize blood loss), emptying your bladder by catheterization.*

**Do you have any wishes in case a c-section is needed?**

**Do you have any special wishes regarding the first hour after the birth of your child?**

*Does your partner want to cut the umbilical cord? Do you want pictures?*

**Do you want to give breastfeeding or formula?**

**Do you have any wishes or comments about childbirth that have not been mentioned above?**

Thank you very much for filling in. Please email the birth plan to:  
[info@verloskundigcentrumschiedam.nl](mailto:info@verloskundigcentrumschiedam.nl) or take it to your appointment.