

3. Your questions

Write any questions you have here, and ask your care provider at your next antenatal appointment.

4. Your preferences

Keeping in mind the unpredictability of labour you may want to discuss your labour pain relief preferences with those who you would like to be involved in your labour. This may include ...

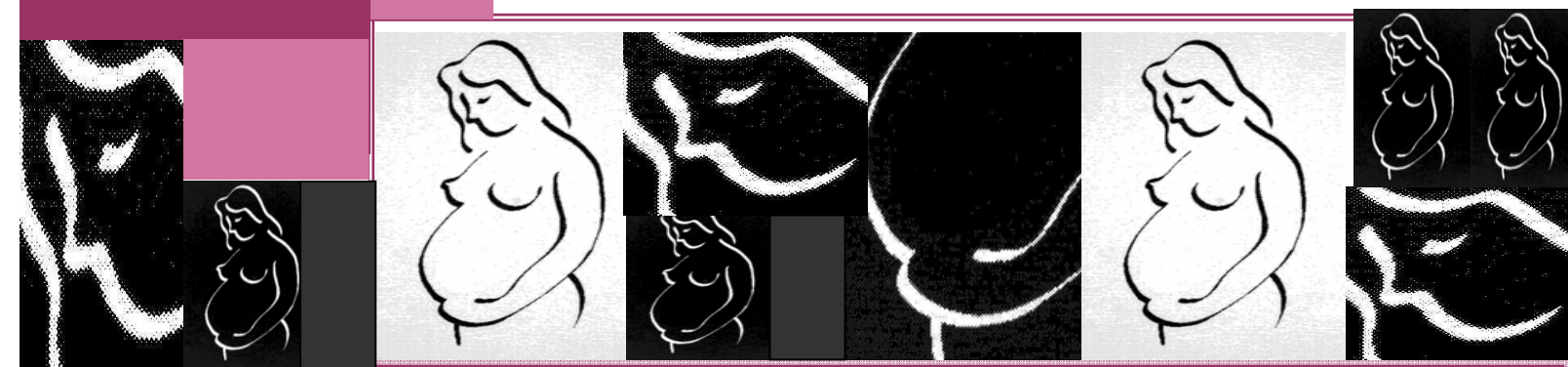
- your partner
- your support person
- your care provider

This booklet is for you to use as a quick reference to record your thoughts and feelings about the different pain relief options that you have read in the booklet "Pain relief for labour". Although it is not intended to be used as a birth plan the thoughts and feelings you have recorded may be included into any plans that you may make for your labour.



The University of Sydney

PAIN RELIEF FOR LABOUR



*For women having
their first baby*

YOUR PREFERENCES

"Your preferences" is intended for use in conjunction with the booklet
"Pain relief for labour - for women having their first baby".

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1. Your notes

Circle the response that shows how you feel about each option. Use the space to make a note why you are feeling this way or write any other reasons you have.

Support person

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Being upright in the 1st stage

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Being upright in the 2nd stage

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Massage

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Bath

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Aromatherapy

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Acupuncture

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Hypnosis

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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TENS

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Gas

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Pethidine

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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Epidural

Extremely negative	Fairly negative	Neither for nor against	Fairly positive	Extremely positive
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2. Your feelings

Generally, what are your feelings about pain and pain relief during labour?

(please tick) ✓

I am afraid of labour and believe I cannot cope. I want the staff to take the pain away.	<input type="checkbox"/>
I want an epidural in active labour. I am willing to try and cope until then.	<input type="checkbox"/>
I want to use some drug pain relief but as little as possible, and want to use non drug options for the most part.	<input type="checkbox"/>
I have no opinion and will wait and see.	<input type="checkbox"/>
I would like to avoid drug pain relief but am willing to accept it if the pain becomes intolerable.	<input type="checkbox"/>
I have a strong desire to avoid drug pain relief, but will accept it for a long or difficult labour.	<input type="checkbox"/>
I have a very strong desire to avoid drug pain relief, and will be disappointed if I use any.	<input type="checkbox"/>

If you would like to write down your exact feelings use this space.
