

Birth Plan

This plan is a mix of plans from various sources. It can act as a rough template for the sort of things you might like to consider when you write your own plans.

Introduction

Writing a birth plan is a very useful thing to do. It helps you to focus on the things that you want to happen and how we can work together to try and ensure that you have the birth that you want. It gives us a focus for birth preparation and will act as a reminder to me when we are together in labour and you may not feel like having a detailed discussion. The suggestions below are mostly taken from the **homebirth UK website** and are a collection of ideas that women have found useful. It is not intended to be a list of things you 'should' have in your birth plan. Feel free to pick and choose those that suit you. If you do not have any preference about a particular aspect, it is best not to mention it in your birth plan. At the end of the day, though, remember that it is your body, your baby, your birth, and your decision.

A birth plan is really useful if you are not going to know the midwife looking after you or in you have to transfer into hospital and will find it more difficult to discuss the plans you have for birth.

It is best to write a birth plan from a positive perspective - focussing on the positive aspects that you would like. For example, instead of "Please do not tell me when to push in the second stage" you could write "In second stage, I would like to push in my own way, rather than being directed".

In General:

What role do you hope your midwife will take? What do you see her job as: Emergency support only, or somebody to guide you through labour?

Ideally, if all goes smoothly, I hope that the midwife who attends me in labour will (*choose whichever appeals - but bear in mind you may feel differently on the day!*)

- Support and encourage me, using her experience to guide me through labour and offer suggestions, *or*
- Remain in the background, taking observations to check on the baby's and my safety, but otherwise not getting involved in my labour, unless I request otherwise. I believe that I know how to give birth on my own, but appreciate the

security of having a midwife there to help with the unexpected or emergency situations.

The labour:

Remember - these are only suggestions. Just take the elements that appeal to you, and feel free to delete the rest!

I would like to remain active and use whatever position I find comfortable. Please encourage me to stay off my back!

Why might you want to stay off your back? Most women find contractions harder to handle when lying on their backs or leaning backwards propped up, and it inhibits movement in your coccyx and sacrum that allows your baby more room to descend through the pelvis. The main reason women assume these recumbent or semi-recumbent positions in hospital is for ease of monitoring and to make it easier for the midwife to perform vaginal examinations and see the relevant area. Once you get on your back in advanced labour, it can be hard to move into a more comfortable position. When women are free to choose how to labour, most choose upright, all-fours or side-lying positions - but a few find that lying on their backs, or semi-recumbent, works for them.

I may wish to move throughout the house and to use the bath or shower from time to time.

I would like to minimise internal examinations / avoid internal examinations if possible / I am happy to have one internal examination to check presentation, but would like to avoid them otherwise, unless there is a particular reason why you think one is necessary. *(Internal examinations are used to check your baby's position, and how dilated your cervix is. While some people find it helpful to have a measurement of how much their labour is progressing, they may be uncomfortable and can interrupt the flow of your labour.)*

Please do not offer to break my waters, and please be very careful to avoid doing so during any internal examinations. *(Breaking the waters can speed up labour a little in certain situations, but many women find that it can cause a sudden increase in the intensity and pain of labour. It can also make labour harder for the baby, as it loses the protective 'cushion' of water around its head. Research suggests that breaking the waters reduces the length of labour by only a very small amount of time on average. When the waters are left to break naturally, they often do so in late first or early second*

stage. Sometimes they do not break until the baby is actually born.)

If the baby appears to be poorly positioned or labour is not progressing well for some reason, I would appreciate it if you could suggest changes of position or movements that might help.

I would like to have music playing during the labour (*This is more for your birth partner's benefit than your midwife's, as she is unlikely to be moonlighting as a DJ! Provide your birth partner with a play list and make sure he/she knows where you keep your favourites!*)

I may wish to use aromatherapy/herbal remedies/homeopathy during the labour (*if you do, it may help your midwife if you let her know what you are using*)

Birth Companions

It is up to you who you invite to your home birth, but it is helpful to let your midwife know who she might have to expect:

The following people may come to my home during the labour or birth:

My husband/partner,

My older children,

My mother/friend, (names), who will be helping to look after my older children.

My doula/active birth teacher/acupuncturist/hypnotist/ may attend if called for. His/her name is xxxx.

My birth companions' telephone numbers and addresses are: (*in case your midwife needs to ask them to come in a hurry!*)

If you will be using a birth pool:

I have booked a birth pool and will use it if it helps me.

It is important that the pool temperature is comfortable for me so, unless it is outside normal safety limits, I will choose the

temperature myself. I understand that I would probably want a cooler temperature during the first stage of labour, and warmer - nearer blood temperature - for the second stage.

I intend to use the pool for the first stage of labour only and will give birth on dry land.

Or: I intend to use the pool for the first stage of labour, but have no fixed ideas about where to manage the second stage. I will decide on the day.

Or: I would like to have a water birth if possible and would appreciate your support in encouraging me to give birth underwater.

Pain relief:

Please do not offer pain-relieving drugs unless I ask for them.

Or: I would like to keep an open mind about my pain relief options; please suggest anything you think would be appropriate.

Or: I hope to manage using no drugs for pain relief, and would appreciate your encouragement to use other methods. For example, I might use movement, massage, relaxation, a TENS machine, or a birth pool.

Or: I would like Entanox and Pethidine / Diamorphine to be available during the birth, but would prefer it if you only suggest using opiates if you feel it will really help the labour.

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The Birth:

I do not wish to have an internal examination to confirm whether or not I am 'ready' to push. I shall only push when I physically cannot do otherwise! If there is any reason to suspect that I might have a premature pushing urge then I would like to discuss this on the day.

Or: I am happy for you to examine me to let me know when I am ready to begin pushing my baby out.

Please keep the room as quiet as possible during the second stage. I would like to minimise distractions at this time. If you need to discuss matters with the second midwife, please could you do so very quietly and preferably out of earshot!

I would like to give birth in my bedroom/lounge/kitchen/birth pool/garden/wherever seems right at the time (*delete as appropriate!*)

I would like to give birth in an upright, kneeling, supported squatting or all-fours position to give the baby maximum space to descend through my pelvis. I do not want to be on my back or semi-reclining unless that position seems right for me on the day, having tried alternatives. If I am too tired to maintain an upright position then please encourage me to lie on my side instead of my back, to allow maximum mobility in my pelvis.

I intend to 'catch' my own baby, and would prefer the midwife not to touch at all unless there is a problem. I would like the midwife to observe and to be on hand in case of emergency, but otherwise I want to be left to give birth entirely under my own guidance.

Or..

I would like my partner to 'catch' the baby, and would prefer the midwife simply to observe and not to intervene unless it is an emergency.

or..

When my baby is born, please pass him or her straight to me.

I would like to avoid perineal damage if possible and would appreciate your guidance in giving birth gently to accomplish this. However, I would rather tear naturally than have an episiotomy.

or..

I would rather not be told how to push, or guided in the second stage, unless there is a particular reason to suppose that I need assistance, or unless I ask for assistance.

Please only administer an episiotomy if the baby needs to be born quickly. Please do not offer to do one to 'speed things up' for me, as I may be impatient then, but regret it later.

I would like to see or feel the head as it crowns, and my birth partner will have a hand mirror available for this.

This one is primarily for your birth partner, but your midwife may remind you to turn the trashy daytime TV off if she knows you want your baby born into a certain atmosphere:

I would like to have relaxing music/ whale song / Holst's The Planets Suite/Anthrax/ Metallica playing when my baby is born.

I would like the lights dimmed when my baby is born, and for the minimum amount of noise to be made. I hope that it will be a gentle entry into the world.

Please do not suction mucus from the baby's nose and mouth 'just in case' - only suction if necessary.

Please do not announce the baby's sex as I would like to find out for myself/I would like my partner to find out

Third Stage:

There are a few variations to choose from, but of course if the midwife is worried about your blood loss then emergency drugs may be needed, whatever your plans.

I plan to have an actively managed third stage and understand that the midwife will administer syntometrine/syntocinon/whatever drug is used in her practice, when she feels it appropriate, and that the cord will be clamped and cut soon after the baby's birth.

Or: I plan to have a natural (physiological) third stage, and to allow the placenta to turn up in its own time. It is important that the cord is not clamped or cut until the placenta is delivered, for a physiological third stage. Please do not administer any drugs unless you feel there is a real need. I would appreciate your advice to help me deliver the placenta naturally. Please do not pull on the cord or use fundal pressure unless there is a specific indication to do so, as I have read that this is contra-indicated in drug-free third stages.

If I give birth in the pool, I would like to get out of/stay in the water for the third stage.

Please offer my husband/birth partner the opportunity to cut the cord if possible.

I am planning a lotus birth and would like the cord to remain uncut.

We do/do not wish to keep the placenta.

(Why might you want to keep the placenta? Well, some people want to have a good look at the placenta in their own time, while others bury it in the garden, and still others eat some or all of it, which is thought to help with hormonal adjustment after the birth, and to help with heavy bleeding. All mammals do it - apart from some modern humans! If you don't say that you want to keep the placenta, your midwives will take it away and dispose of it.)

Care of the baby:

I would like to breastfeed my baby as soon as possible after the birth

I would like to keep the baby unclothed and close to my skin immediately after birth, to maximise skin-to-skin contact (*as this may help bonding, be reassuring to the baby, and help your 'breastfeeding hormones' flow*)

Please administer an injection of Vitamin K after the birth

Or: I would prefer that my baby is not given an injection of Vitamin K, but would like him/her to have oral Vitamin K instead.

Or: Please do not administer prophylactic Vitamin K after the birth. If the birth is traumatic for the baby or there is some other risk factor for HDN (haemorrhagic disease of the newborn), I will be happy to discuss this with the midwife and allow vitamin K if we both decide it is appropriate.

Repair of the Perineum, if necessary

I would prefer to avoid having stitches if possible, so if you think any tear will heal of its own accord, without stitches, please let me know. (*If you would prefer to have stitches, leave this out! If you leave a cut unstitched, you have to give it a chance to heal - rest a lot over the next week or so, and keep your legs close together. Obviously having stitches after the birth is unpleasant and it is nice to avoid it if you can, but deeper tears will heal better if you do have them stitched.*)

In case of transfer to hospital:

For most home births, the labour will go well and you will stay at home. However, there is always the chance that you will transfer to hospital. Having a birth plan that takes this possibility into account, may help you to retain more control over the way you and your baby are treated. Actually, a birth plan might be more important in circumstances like these, where things don't go to plan - if all goes smoothly and you are at home, you will often be able to make your wishes known very easily. It's when things get complicated that you might forget to mention things that are important to you, or perhaps you might be unable to let your midwife know what you want at the time.

If transfer by ambulance becomes necessary, please do not strap me in on my back - I would prefer to be on my side, to make contractions easier to deal with (*unless you are in the rare minority of women who actually find it easier to labour on your back!*).

Please do not offer Diamorphine as I am concerned about its possible effect on my state of mind in labour, and on my baby's health. I would prefer to have an epidural. *or:*

I would like to keep an open mind about my pain relief options; please suggest anything you think would be appropriate.

I agree/do not agree to student doctors being present during my treatment

(Student doctors do have to learn by observing women in labour.... but if you think it would affect you badly, you are entirely within your rights to refuse.)

I am very keen to avoid a caesarean section if it is at all possible, as I do not want to enter future labours with a scarred uterus. I particularly would like to avoid a caesarean just for slow progress. If labour is simply taking a long time but my baby is not in immediate danger, please would you encourage me to keep going and perhaps to try changes of position or movements that might help. Please do not offer a caesarean unless my baby is in danger.

If a caesarean section becomes necessary, I would prefer to remain awake with epidural or spinal block anaesthesia. I would like my partner to stay with me at all times, and would like to breastfeed the baby as soon after birth as possible.

If there are problems after the birth:

If I suffer a severe postpartum haemorrhage, please do not perform a hysterectomy unless it is the only available course of action. Although I already have x children, I still hope to have more.

(This might sound strange and morbid, but in an emergency situation doctors may perform a hysterectomy to stop a severe haemorrhage. Although this would nearly always be a last resort, some doctors might take it slightly sooner if you already have two or more children, on the grounds that your family is probably complete and therefore they should not take any risks with your life. Fine if that is what you want - but if you feel strongly that

you want more children, it might be worth making this clear.)

Please do not admit my baby to Special Care simply for observation, but only if there is a specific reason for concern.

Baby Feeding

Please do not give my baby supplements of glucose water or formula milk without my permission. I would expressly like to avoid having any formula supplements unless it is unavoidable, and certainly not in the first two days in any event.

Under no circumstances is my baby to be bottle-fed as this could lead to nipple confusion and hinder breastfeeding. If supplements are necessary, please give them by spoon or other method, not by bottle.

If I have trouble breastfeeding, I would greatly appreciate the help of a midwife who is fully supportive of breastfeeding, and would also like to be given contact details for local breastfeeding counsellors.

Going Home

I would like to go home as soon after the birth as I am able to move, unless I, or my baby, have health problems that require hospital treatment.

You can go home whenever you like - you don't need anyone's permission. You do not need your baby to have a routine check with a paediatrician, although some hospitals give the impression that this is required. You may not feel like arguing, of course, so your partner can deal with this. If you want to go home and staff are not co-operating, you can just get up and walk out with your baby, after telling them where you are going.