
Developing a birth plan

Summary

- A birth plan tells your healthcare professionals your preferences for when you are in labour and giving birth.
 - Because you cannot control every aspect of labour and the birth, it is therefore best to be flexible in your planning in case something does not go as planned.
 - In your birth plan, it is a good idea to list the people you want to have with you at the birth, what kind of pain relief you would prefer and if you have any special needs.
 - You can also include things you are hoping to avoid.
 - Be open to last-minute changes. Your health and the health of your baby are the most important things.
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A birth plan is a written summary of your preferences for when you are in labour and giving birth. It includes things like what position you want to give birth in, what pain relief you prefer (if you need it) and who you would like to be with you at the birth.

A birth plan can be a good way to communicate with your pregnancy care providers about what is important to you before the birth. It gives them information about your preferences during labour and what you would like to avoid, where possible.

Because you cannot control every aspect of labour and the birth, it is therefore best to be flexible in your planning in case something does not go as planned.

Researching labour and birth

The more research you do before developing your birth plan, the more prepared you will be.

- It is a good idea to go to antenatal classes. During these classes, you will be able to ask questions and will be exposed to different birthing options you may not have considered.
- Ask the healthcare professionals involved in your pregnancy care about their views. Your options might be limited by your health, medical history or where you live.
- Talk to other mothers. You can start by speaking with family and friends but could also contact women who have given birth at the hospital or birth centre you are going to. You can ask others about how it went or what they would do differently next time.
- Talk to your partner or other birth companion. Discuss what kind of role they can provide for you during the labour.
- Read about birth and your birthing options. Go online and read about other women's experiences or read books about labour and birth. These sources will give you ideas to speak with your pregnancy care providers about.
- Develop an understanding of what could go wrong in childbirth so you are prepared – you might have to have some kind of intervention or an emergency caesarean if your health or your baby's health is at risk.

Developing your birth plan

Every woman's birth plan will be different because what goes in it depends on what's important to you. A well-presented and easy-to-follow birth plan will allow your carers to see at a glance what is important to you and what your preferences are. A birth plan should be discussed well in advance of giving birth.

List the things that are most important to you at the top in clear lettering. If your birth plan is handwritten, this might mean using capital letters. If it is typed, use a bold font. Try not to make the birth plan too long.

Birth plan template

Following is a list of suggested headings you might consider using in your birth plan, with an explanation under each. You certainly do not have to use all of them. Maybe only a few are really important to you. You might want to include other aspects of your care that are not listed here.

Birth companions

List the people you want to be with you during labour. This might include your partner, parents or sisters. You might have employed a private midwife or doula, or you might want your general practitioner (GP) there if you have used one under a 'shared care' arrangement during your pregnancy. You could also state whether you want these people to stay the whole time or if there are certain procedures or stages in labour when you would prefer them to leave the room. You can also list people who you do not want in the room.

Environment

List any specific preferences you have for your birthing environment, such as particular music playing, aromatherapy or dimmed lighting (candles or naked flames are not allowed). Most hospitals can accommodate these kinds of requests but it is worth checking first, particularly if something is very important to you.

Labour pain relief

Note down the kinds of pain relief you want to use. Options include: massage, TENS machine, gas, pethidine and epidural. It is also useful to write down your preferred order (for example, you might prefer to try gas before an epidural). List any kinds of pain relief that you definitely want to avoid. Remember, this might change when you are in labour.

Positions for labour and birth

List any preferences you have for birthing positions. These might include lying on the bed, kneeling, standing or squatting. Mention if you would like to use particular equipment such as a birthing stool, Swiss ball, mat or beanbag.

Assisted delivery

You might want to note down a preference for forceps or ventouse (where a suction cup is attached to the baby's head by a vacuum being created in the cup) if you need some help to deliver your baby.

Delivery of the placenta

In your third stage of labour, delivery of the placenta, you may have an injection to reduce the risk of maternal bleeding or postpartum haemorrhage. Write down if you want this to happen or if you would prefer a less managed approach.

Your baby's umbilical cord

Write down if you would like someone in particular, such as your partner, to cut the umbilical cord. You could also mention if you would prefer delayed cord clamping. This is where the umbilical cord is not clamped or cut until after pulsations have stopped or until after the placenta is delivered.

Delayed cord clamping is an increasingly popular practice (many services now do this routinely) because delaying the clamping of the cord can mean your newborn ends up with more blood volume than it would have if the cord had been clamped immediately.

If your baby requires emergency treatment delayed cord clamping will not be an option.

Procedures you would like to avoid

If there are particular procedures you would like to avoid, if possible, it is important to list them. These could include induction, artificial rupture of the membranes or the use of forceps. Although your preference may be not to have certain procedures, sometimes they are medically indicated for the wellbeing of your baby.

Postnatal care

Check your maternity hospital's or birthing centre's policy for how your baby will be cared for immediately after birth. Will the baby be checked and tested first or will you have the opportunity to bond with skin-to-skin contact straight away while the midwife undertakes tests? If you have a preference, write it down in your birth plan.

In Victoria, newborns are routinely given an injection of **vitamin K** at birth; their first immunisation for **hepatitis B** follows or happens within 24 hours of the birth. If you do not want your baby to have these treatments it is important that you and your partner understand why these treatments are given and the risks associated with refusing them.

Feeding your baby

Be clear in your birth plan about whether you prefer to breastfeed or formula feed your baby. If you do not want your baby to have bottles or formula, say so.

Special needs

If you have additional needs, such as mobility or religious or cultural needs, note these down in your birth plan, specifying any support you require.

If you have a disability, write about the kind of help you will need during labour and after the birth. Mention any special equipment that would help you.

If you require a special diet during your hospital stay or would like certain rituals carried out when your baby is born, have these detailed in your plan.

Sharing your birth plan

Ideally, it is best to share your birth plan with your caregivers and ask them to go through it with you during one of your pregnancy appointments. This will give you a chance to ask questions and decide together whether your preferences are suitable given your health and medical history.

Talking about your birth plan with your partner well before the birth means you will have someone else in the birthing suite who is aware of your wishes and can help communicate what you want on the day of the birth.

When things do not go to plan

The most important thing to remember about a birth plan is that births do not always go to plan! Unexpected complications may arise or you might change your mind once you are in the delivery room. Some women are adamant about refusing all labour pain-relieving drugs but change their mind once they experience the pain. It is okay to change your mind.

You might have your heart set on a home birth but your medical history might mean it is simply too dangerous. Medical issues that arise during your labour might mean you need to have a caesarean section or that your vaginal birth needs some assistance – such as forceps.

Be open to last-minute changes. Your health and the health of your baby are the most important things.

Where to get help

- Your GP
- Midwife
- Obstetrician

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