

THE **POWER** OF THE *Written* Birth Plan

Harnessing knowledge, finding inspiration and communicating your choices to create your best birth experience.

Karen Moriarty, DC

Jeanette Mesite Frem, MHS, IBCLC, RLC, CCE, CD

Winston Churchill is credited with saying that “failing to plan is planning to fail”. Nowhere is this truer than giving birth in American hospitals. We have been taught to think that this great country offers great health care but shockingly the WHO¹ ranks the US as 37th in the world for overall health² and 39th in the world for infant and maternal mortality³. We have reached an astoundingly high rate (31.7% in 2007⁴) of Cesarean births, but in some hospitals in the US the rate is much higher. This is despite the fact that the WHO’s research has determined that only a 10-15%⁵ rate is medically necessary.

While there are many factors behind these tragic statistics that we as women cannot control, a major player here is the current cultural norm of pregnant women and their partners entering the hospital system without enough knowledge or clearly defined goals and boundaries. Even more tragic is the medical model’s loss of the appreciation for the wondrous experience of a mother and baby, working together to bring a new life forward. A new life that deserves to be treated with patience, gentleness and love as he or she emerges from the womb.

Creating consensus on any goals or boundaries that new parents have is vital to having a good birth experience. A plan is needed—anyone who sets out to achieve a goal will agree. A **birth plan** is a key document that clearly outlines for all hospital staff what the parents want for themselves and their baby during this amazing journey that we call labor and birth.

¹ World Health Organization

² [Annex Table 1: Health system attainment and performance in all Member States, ranked by eight measures, estimates for 1997 \[pdf 58kb\]](http://www.who.int/whr/2000/annex/en/index.html)
<http://www.who.int/whr/2000/annex/en/index.html>

³ <http://healthcarereform.nejm.org/?p=2610>

⁴ <http://www.childbirthconnection.org/article.asp?ck=10456>

⁵ World Health Organization. Appropriate technology for birth. *Lancet* 1985; 2: 436-7.

Karen Moriarty

Doctor of Chiropractic

Like many women of chiropractic, whether a DC⁶ themselves or married to one, I was blessed to give birth to my children at home with the support, guidance and inspiration of a highly trained homebirth midwife. Sue Smith, CPM, went to great lengths to ensure that I understood all my options and that all decisions were made well in advance of my labor. This allowed me to surrender into the birthing process with confidence and trust. My two daughters, now 24 and 21, came into the world with relative ease and no complications. I am forever grateful that my peers gave me the encouragement and the knowledge to make the wonderful decision to have homebirths.

Twenty years later, I was ecstatic to learn that my eldest was pregnant. Despite being raised in a chiropractic household, Shannon lives in a culture that does not really embrace homebirth as an option. Although I wanted to support Shannon’s decision to have a hospital birth, I knew enough from professional and personal experiences that there were issues to be considered. I was well aware of the fact that the hospital viewpoint of birth can lack a patient, loving, and gentle touch. Their agenda can appear more geared towards “getting the baby out” than how this happens and honoring the sacred rite of passage for both mother and child that labor and birth represents.

In talking to my pregnant clients, who were for the first time experiencing chiropractic care, I became aware of the fact that many of these soon-to-be parents were not planning to take a childbirth class because they believed that the doctor would take care of everything in the best way possible.

For me, my childbirth classes with my wonderful homebirth midwife crystallized the birthing process for me in a way that I had never understood before.

⁶ Doctor of Chiropractic

More than anything, I wanted Shannon to have a positive birthing experience. The only way that I knew to do that in a hospital setting was to hire a doula (a woman trained and experienced in childbirth who provides physical, informational and emotional support). Fortunately, I had an excellent one in my practice. Shannon immediately felt comfortable with Dina. Dina and I realized pretty quickly that Shannon was not well prepared to give birth. We started by signing Shannon up for childbirth classes at Mothers and Company, a local organization founded by doulas, childbirth educators and midwives, which provides classes and essentials for maternity and parenting.

Jeanette Mesite Frem

Childbirth Educator, Registered Lactation Consultant, Birth Doula

As a childbirth educator and birth doula, referring to chiropractors is something I do daily. So when my personal chiropractor, Dr. Karen, and her daughter came to my class, I was more than thrilled to have them there. Despite Karen's experience of being a home-birthing mother and chiropractor, here was a grandmother-to-be, concerned not only for her hospital-birthing daughter but also for her future granddaughter's health.

One of the greatest motivational factors in my co-creating Mothers and Company was the core belief that childbirth classes should be thorough, fun and ultimately encourage parents to make choices for themselves. It is important that the educator has the freedom to teach ALL the tools and strategies of natural childbirth and encourage parents to make their own choices about birth and baby care. My advice is to take a childbirth class that has a reputation of being supportive of the choices that women and their partners will make about their birth (whether they choose homebirth, birth center or hospital). Great classes should also be full of laughter and engage the partners as well. There are other requirements I have for our classes but ultimately it's about choices. Part of the educational process is providing our clients with a birth plan template. If a birth plan is not provided, bringing the birth plan template to your childbirth classes will give you an opportunity to understand every aspect of it.

I gave birth to my first child in one of Boston's teaching hospitals (an unmedicated birth with an obstetrician) and my second baby was born at home with the help of midwives. I also had the benefit of working with and learning from a midwife while living for two years in a village in West Africa (as a Peace Corps Volunteer). In my practice as a birth doula, I have witnessed how various hospitals, doctors and hospital-based midwives approach women and their partners during labor, birth and postpartum.

As a childbirth educator, I have heard countless stories from parents about what medical providers have said and done to them.

Although some had positive experiences and others not, it is clear to me that the one most important thing a mother-to-be can do is find out which physicians and midwives have proven track

records of truly supporting women to have natural births in today's hospital environment. These providers ARE out there, and doulas and childbirth educators (and of course, other naturally-birthing mothers) are wonderful sources for this information.

All of my experiences working with expectant parents whether as their doula or childbirth educator (or both) have solidified my strong feelings about birth plans. I created one (with the help of my doula) for my first birth and it was so well-received that I now give out a version of it as a sample to expectant parents (including Dr. Karen's daughter) in our childbirth classes and encourage them to customize it to what they feel is important to them. Maternity nurses have helped me understand that in addition to the content, it is **how** the birth plan is written and the attitude/tone of that plan that makes the difference.

Birth plan (n.)

1. a tool for expectant parents to use to write down their goals, ideals, preferences and dislikes for their impending birth,
2. A tool for expectant parents to interview prospective obstetrical care providers to determine which one fits their philosophy and style best
3. A tool to educate expectant parents and outline their choices regarding the many aspects of labor, birth, postpartum and baby care

Karen Moriarty, DC

Dina, Shannon and I sat down with Jeanette's birth plan before Shannon's first childbirth class and reviewed it together. The birth plan served as the perfect template for Shannon's education. She learned what stripping membranes and episiotomies are for example. Her ignorance of these procedures is understandable considering that she was raised in the homebirth culture of chiropractic. However, it is an interesting statement about our culture that most young women have never been exposed to the language of pregnancy, labor and delivery until it is their own.

It never occurred to Shannon to worry about being frequently examined by medical students or being restricted in bed with a fetal monitor. Each statement in the birth plan was carefully gone over and explained in detail. Changes were made as we customized it to what Shannon felt was most important to her. By the end of this meeting, Shannon had a much better understanding of both the birthing process and the birthing environment of most U.S. hospitals.

Can anyone really plan a birth? No, of course not. However, in our current hospital environment, it provides multiple staff a window into the parents' wishes and some boundaries around unwanted interventions. It is important that the birth plan is flexible. It goes without saying that paramount to everyone is the health of Mom and baby.

This is where having a doula was a comfort to us. We knew that we could trust Dina to let us know if medical intervention was needed. Otherwise we would always wonder if the C-section Shannon ended up having was truly necessary. My beautiful granddaughter was posterior and despite Shannon and Dina's incredibly innovative strategies, Camryn couldn't seem to figure out how to turn around.

Some of our real distress began after Camryn was safely brought into the world. The original birth plan has been improved in some key areas from our experience. Camryn was taken from her parents within minutes of her arrival, put in a plastic bin and alternately scrubbed with a towel and left alone for over an hour. Family and friends witnessed this with

dismay through a large glass window. Then towards the end of day two when Mom and Dad were exhausted after all the visitors that day, the nurses questioned if Camryn had peed enough (an indication that she had taken in enough breastmilk) and if she had dangerous levels of bilirubin. My daughter called me. I explained that the safe levels of bilirubin were anything under 20mg/dl (Camryn was only at 11mg/dl) and also about how hard it is without a tissue in a paper diaper to tell if a newborn breastfed baby has peed because colostrum is super nutrient dense and the baby only takes in small amounts. I got off the phone thinking these two matters were put to rest. I found out the next day that after I got off the phone, Camryn had experienced repeated heel sticks. The attending nurses remained adamant that 11mg/dl was dangerous and after getting fed up with my daughter's resistance had a pediatrician call my daughter and accuse her of risking her baby's health. Exhausted and afraid, my daughter surrendered. Camryn was put in the nursery under the lights and fed formula despite her birthplan requesting that the baby remain with her parents at all times and never be given formula. My daughter called me sobbing the following afternoon as the hospital staff continued to refuse to bring Camryn back to her. Needless to say, Grami (me) spoke very assertively to the first nurse that I saw and Camryn was returned to her mother's arms immediately. Shannon received a blessed early discharge and had follow-up visits at home with loving and knowledgeable VNA nurses.

The birth plan which you can download at www.icpa4kids.org/birthplan was updated after my daughter's experience to assure that you will have the best birth and postpartum experience possible.

Most requests in the birth plan are based on what science and vast midwifery and obstetrical knowledge and experience tells us is optimal for baby and mom. Some of the requests are just personal preference—giving birth is, of course, one of the most intimate moments of a woman's life. The hope is that a well-written and well-respected birth plan will enable your baby's birth and the days immediately following to be magical not traumatic.

Jeanette Mesite Frem

First and foremost, birth plans can be a great communication and educational tool for expectant parents. Secondly, they are a tool with which parents can interview and communicate with prospective medical providers. Birth plans offer a simple and non-confrontational way to ensure that the medical providers are on the same page as Mom and Dad in regards to the type of labor, birth, postpartum and baby care that they are seeking. It is important to note that a birth plan is a statement of preferences and not a binding contract. You have the freedom to change your mind about receiving an epidural for example. The birth plan also acknowledges that certain health concerns could require the birth plan to change.

It is completely reasonable to expect your obstetrician, midwife or family physician to honor your birth plan (as long as Mom and baby continue to show signs of good health, of course). If your provider makes comments you are uncomfortable with, it's also completely reasonable for you to interview other providers and find one who will communicate well with you about your options.

Once defined, a birth plan should be signed by the doctor or midwife and the original placed in the mother's medical record. Photocopies should also be brought to the hospital in case the care providers on call that day/night are different than the mom's providers or in case your nurse's shift ends.

Our sample birth plan is two pages long because it includes postpartum care and plan B (epidural and/or C-section), but remember it is best to have a one-page plan. Our sample birth plan is based on the accumulated knowledge of many doulas, midwives, childbirth educators and parents.

After reviewing our birth plan, we highly encourage you to read and to talk to parents, doulas, midwives, childbirth educators and chiropractors, about their birthing experiences, successful birthing "tips" and the reason behind their choice of provider, hospital, birthing center or homebirth.

Understand the reason behind every request on the birth plan. And always, go with your gut feeling about

what feels right to you and your partner. It's your birth. It's your baby. YOU make the choices.

As birth historian Tina Cassidy⁷ has said, people today put more effort into researching a new digital camera than they do in finding the best doctor or birthplace. While having a great digital camera can be very nice for documenting your new baby's life, what could be more important than how your new baby transitions out of the womb and into your arms? A written birth plan helps us embrace the transformational opportunity that lies inherent in every birth.

...

Our Top Resources for Expectant Parents

Ina May's Guide to Childbirth by Ina May Gaskin
The Thinking Woman's Guide to a Better Birth by Henci Goer
The Birth Partner by Penny Simkin
www.childbirthconnection.org
www.motherfriendly.org

Karen and Jeanette are happy to receive comments and questions at jeanette@babiesincommon.com and drkaren@northborochiropractic.com.

...

Karen Moriarty, DC, is a chiropractor in Northborough, MA. She has been practicing for over 27 years and enjoys serving the families that come to her for comprehensive care. She lives in Central Massachusetts with her younger daughter and spends as much time as she can with her granddaughter.

Jeanette Mesite Frem, MHS, IBCLC, RLC, CCE, CD is a childbirth educator, (semi-retired) birth doula and registered lactation consultant in Central Massachusetts. She lives with her husband and two daughters and spends as much time as she can with family, friends and attending Duran Duran concerts.

⁷ <http://tinacassidy.info/>

Our Birth Plan

Insert parents names here

Due Date: *insert due date here*

We have chosen to give birth to our first child at *insert hospital name here*, under the care of *insert doctor/midwife name here*. In order for all members of the birth team to be informed of our preferences, we have written them here. We realize that many of our preferences are standard practice, but we wanted to make sure our birth team is aware of them. We thank you in advance for your assistance in creating our best birth experience possible.

We have also invited a birth doula, *insert name of doula here*, to be part of our birth team. We would like our care providers to communicate with our doula and us about any changes in the situation or possibilities for interventions, keeping our preferences in mind. We prefer a natural, non-medicated childbirth, but realize that due to possible complications, some interventions may be warranted. When possible, we would like the following:

LABOR During labor we prefer that:

- We wait until we go into labor on our own, even after our baby's due date, (avoid induction unless there are signs that a medical induction may be warranted).
- Only those medical professionals directly involved in caring for us be present during our labor and delivery (no medical students, residents or other hospital personnel).
- You encourage us to move, eat, drink, change positions, shower and use the birth ball during labor.
- The baby be monitored externally, and only intermittently and/or when necessary.
- You NOT offer any medication for pain relief during labor. We realize it is available and will request it if we truly want it.
- You offer caring support and encouragement.
- If induction is agreed-upon, that Cervadil be used as a ripening agent and if Pitocin is necessary, we would prefer a very slow increase in dosage.
- If my blood pressure rises, we'd like to try different positions and relaxation methods before having an epidural to lower the blood pressure.
- The amniotic membranes rupture naturally.
- Vaginal exams be done only if a decision needs to be made based on the outcome of the exam.
- We drink juices and water throughout the labor. We will bring our own healthy snacks and eat whenever we feel the need/desire.
- During transition, please stay close and remind us that we can do this and encourage us do what feels most comfortable to us.

BIRTH During this time, Mom prefers to:

- Wait until I feel the irresistible urge to push before beginning the pushing phase.
- Tear rather than having an episiotomy, although I hope to be able to use various positions and counter pressure techniques to prevent tearing.
- Be free of time limits on pushing as long as it is clear that my baby's heart tones are good and that the baby is receiving sufficient oxygen.
- View the birth with a mirror, and reach down to feel the baby's head crowning.
- Have the baby caught gently by my partner and not have the baby's head or neck held, pulled or yanked during delivery.
- Have the baby placed on my belly immediately and allow *insert name here* to cut the cord after it stops pulsating.
- Allow the baby to stay on my belly for at least 60 minutes, before weighing, measuring and washing the baby.

POSTPARTUM We request that:

- Our baby NOT receive the Hep B shot, the vitamin K shot or the eye meds. We have already carefully considered the pros and cons of these decisions and prefer that these issues not be addressed in the hospital.
- The placenta be delivered without Pitocin, waiting for up to an hour unless there is excessive bleeding.
- We breastfeed as soon as the baby seems ready.
- Have the baby in our room at all times or have my partner stay with the baby at all times if I can't be there.
- All examination procedures done to our newborn are to be done in my or my partners' presence.
- Since we plan to exclusively breastfeed, please do not offer any pacifiers, sugar water or formula without our express permission. If supplementation becomes necessary, I will provide my expressed colostrum for spoon-feeding.
- Circumcision: *state your decision here*
- Donating umbilical cord blood: *state your decision here*
- Hydration: Since our baby will be breastfed, and will therefore urinate much less than a formula fed baby during the colostrums phase we request that a tissue be placed inside the disposable diaper if the staff wishes to determine our baby's level of urination.
- Bilirubin: Since breastfed babies often have natural or physiologic jaundice and science clearly states that there is no evidence of harm in a bilirubin count under 20mg/dl, we ask that you not perform a heel stick on our newborn unnecessarily nor remove our baby to bilirubin lights if the count is less than 20 mg/dl.
- Breastfeeding Support: We request a visit with a lactation consultant as soon as possible.
- Early Discharge: We prefer to leave the hospital as soon as possible. If we have a C-section we would still prefer an early discharge and have a VNA nurse check Mom and baby at home.

PLAN B: IN CASE OF OF EPIDURAL OR CESAREAN

We understand that a Plan B may become necessary if serious medical issues arise. This could include medications and interventions like an epidural and/or Cesarean.

If we choose or have a medical need for an epidural, I request that :

- My partner to be in the room for the placement of the epidural (seated somewhere in front of me)
- Change position every half-hour or less, including hands-and-knees
- Place cool cloths under my arms and in my groin to stave off an epidural-induced fever.
- Only do a vaginal exam when I FEEL rectal pressure.
- Only begin pushing when I FEEL so much pressure that I WANT to push.

If we need a Cesarean for the birth of this baby, I ask that:

- My doula be allowed to be seated next to my partner in the operating room.
- Our choice of calming music be played during the procedure.
- My partner and my baby stay in the OR with me until we all transfer to the recovery room together where I plan to breastfeed soon after.
- I request that I be discharged as soon as possible and will receive follow-up care through the VNA.

My signature indicates that I have read and agreed to the above birth plan.

Signature of Obstetrician

Signature of Pediatrician