



Birth Plans

Birth is unpredictable so you can't really plan accurately for it but you can think ahead as to the kind of birth you would like to have and, if that isn't possible, what is your next preference and then the preferences after that. Writing a birth plan is empowering because you are taking responsibility for your birth – and it is your birth! So why should you let somebody else make the decisions around your birth?

Think about what you want and build up a list of different birth choices and you can label them A (what I want) and B (in case I have to make changes) You can also include things that you want to avoid unless it is an absolute emergency.

Place of birth: you need to start here if you have the choice. Who do you want to be with you? You also need to be clear about who you don't want in your birth room – this could be someone from your family but it could also include medical students/student midwives.

History: write a little bit about you and your history – a quick overview of the kind of birth you want - but be open to changing your mind about certain things during labour. Do you have any special requirements? Ensure your birth professionals are aware from the outset if you or your partner have any disabilities so that they can prepare for this and are aware of this, especially if you're going into hospital.

Birth environment: this is going to have a direct impact on your physical and emotional experience of birth. You need to feel calm and safe so that your body will produce oxytocin, essential for a positive birth experience. If you're giving in birth in hospital, you may want to bring in some comforting things from home, an aromatherapy diffuser (especially if smell is one of your anchors), a speaker to play your music, a pillow – if it helps you, you can bring it with you. Do you want the lights on low throughout your birth? Ask for this – it's your birth and you have rights and choices.

Language: challenge (nicely) any medical people who talk negatively i.e. 'failure to progress', 'only Xcm dilated', a midwife telling you she's here to deliver your baby! You are not failing in any way – you may be tired and need a sugar boost for a bit more energy. Only Xcm dilated – whatever level of dilation you are at, it's positive so no onlys, thank you very much. And your midwife isn't delivering your baby, you are!

Pain relief: it's important that you state in your birth plan whether you want to be offered pain relief or not. Be clear that if you're opting for a birth free from drugs that you have the right to change your mind and you will ask for pain relief if you need it but you don't want them offering this continually although they can check in with you from time to time if labour is long and drawn out.

Be clear about the pain relief that you do want or are willing to consider. If you want to be able to eat and drink during your labour, check with the hospital or birthing centre in advance to make sure you are allowed to do this – every setting has different policies and protocols.



Induction: you do not have to have an induction but if you have gone past your EDD you will, most likely, be offered one. Is this necessary, what happens if you want to wait for labour to happen spontaneously?

Interventions: how do you feel about your waters being 'broken' – artificial rupture of the membranes – or being given drugs to 'speed' up your labour?

Monitoring: are you happy for your labour to be monitored regularly? Midwives will check your dilation every four hours and they will want to listen to your baby's heartbeat during labour but how often is up to you - unless there is a real risk to you or your baby.

Pushing: we know that your baby and body will work together during birth and you will know when to naturally push – the foetus ejection reflex (FER). If your birth is undisturbed by people constantly interrupting then you have little chance of experiencing FER. If your midwife stays back and allows you to get on with birth and you are feeling calm, then your body will naturally 'push' your baby out.

Assisted delivery: using forceps or ventouse (a silicone cup attached to your baby's head) may be offered if your baby needs help being born. Ask questions: do you have more time? If an assisted delivery is on offer and you really don't want this, make sure this is in your plan and state whether you might prefer a caesarean instead.

The golden hour: immediately after birth, what do you want this to look like?

- Do you want delayed cord clamping? This means waiting for at least a minute before cutting the baby's umbilical cord. Or do you want to wait until the cord has turned white and has stopped pulsating? State your preferences.
- If you don't already know, do you want to discover your baby's gender yourself or do you want to be told?
- Do you want to gently blow on your baby's face to encourage them to take their first breath?
- What about your first photo?
- Do you want to spend some time together as a family skin-to-skin? Both mum, baby and partner holding baby naked against your bare chest?
- Do you want your baby to be washed or do you want to leave the vernix on them and delay washing them for a few days?
- Do you want your baby to wear a hat or do you want to be left to smell your baby's head?
- Do you want a calm environment for this first hour where you can start to breastfeed and begin to be together as a family?
- Who will cut the cord? Your partner, you, another family member (grandmother)?



Third stage of labour:

- Do you want to expel your placenta naturally or do you want an injection of syntometrine or syntocline to encourage the placenta to come out?
- Do you want to keep your placenta?
- How do you plan to feed your baby? Breast or bottle?
- Vitamin K injections?

Once you have thought about all of this and have your preferences in place, you need to make sure that your midwives and care providers have read your plan. It's worthwhile discussing what your preferences are with them in advance of the birth and make sure that your plan is kept with your medical records – keep a copy for yourself!

Caesarean: are you happy for this to take place and have you made a plan for this intervention? Ask the questions you need to know about what is best for you but think about where to include this in your birth plan. Things to think about for a caesarean birth plan:

1. Can you have a 'gentle' caesarean where they allow your baby to 'crawl' out of the womb towards you – this enables your baby to move in a similar way to how they would if they were having a vaginal birth.
2. What can you bring into theatre with you? These are some of the things you may want if allowed –
 - **Your phone/iPad/iPod** with either ear plugs or speakers so you can listen to your caesarean MP3 while you are preparing for going into theatre.
 - **Photos / affirmations cards:** ask your partner to read from your affirmation cards, especially the ones that resonate the most with you. Or have a photo of a person or place that means a lot to you, or a flower bud opening up. This will help you to focus on being calm and relaxed instead of worrying what is going on in preparing your body to birth your baby.
 - **Essential Oils:** before the operation, use lavender or geranium to help to keep you calm before the surgery and afterwards to aid your recovery.
 - **Cutting the cord:** even with a caesarean birth it can be beneficial to the baby to wait before clamping and cutting the cord. So, if you want it, include delayed cord clamping and request that your partner cut the cord in your birth plan.
 - **Skin to Skin:** this is a really important time for mother and baby to bond and, in most hospitals, the baby is immediately passed to the mother after a caesarean and skin-to-skin contact is standard. Make sure this happens in your hospital.
 - **Monitoring:** instead of the monitors being placed on the chest or fingers, you can ask for them to be placed on the side of the chest or the toes so that the wires do not interfere with holding your baby.
 -



- **Low lights:** it is possible to dim the lights in the mother's part of the theatre so that the baby does not have the shock of the bright lights when it arrives in the world.
- **Initial tests:** whilst your baby is having the initial tests, you can ask that they stay with you rather than routinely being taken away.
- **Lowering the screen:** you may wish to watch your baby being born – if so, include it in your birth plan, and make sure your care-givers are aware of this.