

## **Birth Planning Guide**

Creating a birth plan is a way of opening up a thought process about what you want for your birth, it helps you ask questions, consider variations and discover options. It will help you and your birth partner/s to learn all the options available to you to make informed decisions.

Consider what you would like for each stage of labour, comfort measures you'd like to have available, what monitoring or interventions you would like to choose or avoid. Make sure to include what you would like your midwives to do, whether you would prefer them in the background or if you would really like the reassurance of having them right next to you when they're in the room. Think about where you want your baby to be born, how you want it to look and feel.

Then consider what you would like to happen once the baby is here. Would you like to find out the sex yourself? Who will cut the cord? When will it be clamped (if at all)? What about vitamin K? How would you like to feed your baby? Would you like the baby wiped down before you hold them? This is all up to you! Finally, how would you like to birth the placenta? What would you like to do with it afterwards?

You can change your birth plan any time you want, you are also not tethered to it. The birth plan is a tool for you to use to prepare for birth and it's a guide for the midwives to follow. Ideally, all your birth planning will happen with your birth team, with whoever you choose to be with you when you give birth. This way they can properly advocate for you as you're labouring.

### **Things to include:**

#### **Goal**

Include a sentence setting the scene for your birth. For example, "we are planning to create a calm, dark and relaxed space to give birth gently". Also include here the type of birth you are planning for, be that physiological or medically managed.

#### **Where**

Labour ward/Midwife-led unit/Home/Other

Things to consider - distance, transport, space, childcare, comfort, find out what their policies are on length of stay/visiting hours etc and if these will alter your choices, pain relief options.

Write all your options on paper and every time you think of something, write it down. “No need to travel to hospital” “all pain relief options” “postnatal ward”

### ***Labour Ward or Delivery suite***

These are situated within hospitals, they usually have at least one birth pool and access to all pharmaceutical pain relief. There can be consultants, anaesthetists, surgeons and NICU staff for babies in attendance if necessary. This is where most inductions are carried out. This is also where someone would have to be for an epidural, an assisted birth or caesarean.

### ***Home Birth***

Anyone is entitled to birth at home. Most trusts will have policies that advise against birthing at home under certain risk labels. However, it is always up to the birther themselves to gain all the information they need to get a full picture and then choose where they would like to birth their baby. Birthing at home is as safe for low risk first time parents as hospital and safer than hospital for those who have had a baby before.

### ***Birth Centre or Midwifery Led Unit***

A birth centre or MLU may be located within a hospital or be a stand alone unit. These are a cross between the labour ward and home. The environment is more suited to your hormones as it is more homely and often has features such as mood lighting and sofa style seats. MLUs usually have more birth pools than labour wards and access to gas and air. As they are NHS property, not everyone can choose to give birth at an MLU. MLUs have criteria that they would like birthers to meet before giving them access to the unit. If you find that you don't meet the criteria but you know there are no significant issues for you and baby, then speak with a Professional Midwifery Advocate or Head of Midwifery. These people are able to discuss your individual circumstances and can decide to overrule the policy and give you access to the unit.

### ***Who***

Consider who you want to allow into your birth space:

Students, Midwives, Doctors, Obstetricians, Birth Partners

### ***Environment & Atmosphere***

Consider your 5 senses, how do you want the space to look, feel, smell, sound like, what do you want to eat, drink and touch

Try drawing your perfect birth environment - put it on the fridge and edit it throughout your pregnancy. Use a different colour for each of your 5 senses, everything you want to smell in blue, taste in red, hear in yellow, touch in pink and see in gold.

What your birth environment looks like doesn't need to feature on your birth plan, just the atmosphere you're creating. However, adding a line to your birth plan around how you want things to look and feel helps to create a sense of what you're trying to achieve

### **Language/Consent**

Words to use/avoid, how and when to ask for things. Whether you want to midwives to talk to you directly or through your birth partner/s

### **Comfort & Pain Relief**

Think about what you'll need but also what they mean e.g. Hypnobirthing techniques may mean you seem less 'far along' than you are due to calm, rhythmic breathing

Options:

Epidural, opiates (pethidine, diamorphine), gas & air, birth combs, breathwork, heat, water, movement, touch, TENs machine, aromatherapy

### **Intervention**

What you're comfortable and uncomfortable with and the order in which you would like to do things if you decide to accept assistance.

#### ***Interventions include:***

Induction (ripening your cervix, breaking waters and using synthetic oxytocin to create contractions)

Syntocinon augmentation (using a synthetic oxytocin to increase frequency or potency of contractions)

Breaking waters

Foetal monitoring

Maternal checks

Stretch & sweep

Vaginal exams

Guided pushing

Assisted delivery (some people choose to state a preference for C-section over forceps/vacuum delivery, or vice versa, for example)

#### **Post-Birth Requests:**

How/whether you'd like your baby's gender to be revealed

Who you'd like to pass you your baby (or whether you'd like to 'catch' the baby yourself)

Options for optimal cord clamping and who clamps cord

Skin-to-skin time

Washing/wiping your baby

Your post-birth environment (dimly lit, quiet, private, etc)

Birthing your placenta  
Using/keeping your placenta  
Vitamin K preferences  
Feeding intentions

### **Caesarean Birth Plan**

Preparing for a caesarean means that if it becomes part of you and your baby's journey, you can come at it from the same strong, empowered place you've used to build out your birth plan.

A c-section may become part of the flow rather last-minute, so be as clear as possible about your preferences, and make requests in line with your Plan A.

EG

Allowing for skin-to-skin

Environment (music preferences, etc)

Seeing what's happening (some mums prefer the screen to be lowered, for example)

Vaginal seeding preferences (swabbing your baby with a small amount of your vaginal microbiome, after birth)

Arrangements for the placenta

Your post-birth preferences

### **Plans B, C, D**

How do you want your birth to look if it moves in a different direction?

My preferences for a caesarean birth are

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My preferences for a hospital transfer are

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My preferences for ..... are

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My preferences for ..... are

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# BIRTH PLAN

Name:

Estimated Due Date:

Birth Partner/s:

OUR GOAL

WHERE

WHO

LABOUR & BIRTH

Environment

Language

Comfort & Pain Relief

Interventions & Monitoring

POST-BIRTH inc. third stage & golden hours

NOTES