

HOW TO PREPARE A BIRTH PLAN

1. Your Birth Plan is a kind of letter to the nurses, doctors or midwives whom you may not know very well. It tells them your preferences and priorities for the care they give you and your baby during and after your childbirth.
2. Use the list below as a guide to the options to consider. Don't feel you must make a choice on every option. Of course, you want to be flexible since no one knows if problems might arise. Language like, "If possible...", "unless medically necessary...", "I prefer", indicates to the staff that you recognize that a change in plans is sometimes necessary. By including in your plan the options you prefer if the "unexpected" should occur, you will remain actively involved in your care.
3. Your childbirth educator, your doula, and the nurse on the hospital tour can give you helpful information on policies and routines of your care provider and your hospital.
4. Keep your plan friendly and concise (approx 2-3 pages). If possible, prepare a draft, discuss it with your care provider and then make up a final copy that can become a part of your chart. Take one or two extra copies with you, in case it is misplaced.
5. Begin with your names and a brief introduction about yourselves. Its purpose is to help the staff become better acquainted with you and to understand your birth plan better. Your general health, any problems during pregnancy, and special needs should be described in your introduction.

OPTIONS TO CONSIDER FOR YOUR BIRTH

OPTIONS DURING LABOR (FIRST STAGE)

- **Presence of partner/others** (Partner only / A doula for emotional support, reassurance and physical comfort / Limit on number of support people / Other children at birth / At doctor's, nurse's, anesthesiologists' discretion)
- **Enema** (No enema / Self-Administered / Given by nurse)
- **Vaginal exams** (At mother's request / As few as possible with ruptured membranes / Only when labor changes or a clinical decision has to be made / Occasionally / Frequently)
- **Speeding Labor** (Walk, change positions / Nipple stimulation / Enema / Artificial rupture of membranes / Pitocin)
- **Position for labor** (Freedom to change positions and walk around / Confined to bed (connected to lines))
- **To empty bladder** (Walk to toilet / Portable toilet by the bedside / Bed pan in bed / Catheterization)
- **Onset of labor** (Spontaneous (begins on its own) / Induction of labor)
- **Rupture of membranes** (Spontaneous / Artificial)
- **Monitoring fetal heart rate** (Auscultation with stethoscope / Auscultation with Doppler (ultrasound stethoscope) / Intermittent external electronic fetal monitoring / Routine continuous electronic monitoring - internal or external)
- **Food/Fluids** (Eat and drink as desired / Water, juice, popsicles / Ice chips only / IV fluids / Heparin or saline lock in case IV fluids needed)
- **Pain relief** (Emotional support from partners(s), doula and staff / Relaxation, breathing, comfort measures / Bath, whirlpool, or shower / Medications, anesthesia only at mother's request / Medications and/or anesthesia encouraged by medical staff)

OPTIONS FOR BIRTH (SECOND STAGE)

- **Position** (Mother's choice of position / Caregiver's choice of position / Lithotomy and stirrups)
- **Bed for Birth** (Mother's choice of birth chair, bean bag, tub (water birth), floor or bed / Birthing bed / Delivery table with or without stirrups)
- **Expulsion techniques** (Spontaneous bearing-down / Directed pushing / Prolonged breath-holding and straining)
- **Covering the perineal area** (Undraped, mother may touch baby during birth / Sterile draped around vagina)
- **Speed up birth** (Gravity-enhancing positions / Prolonged pushing on command / Episiotomy / Forceps or vacuum extractor)
- **Care of perineum/episiotomy** (Try for intact perineum / Selective episiotomy (if a tear is likely or fetal distress) / Planned episiotomy / Anesthesia before or after episiotomy, and stitches)

OPTIONS AFTER BIRTH (THIRD STAGE)

- **Cord cutting** (Clamp and cut after it stops pulsating / Partner cuts cord / Clamp and cut immediately)
- **Maintaining uterine muscle tone** (Fundal massage by mother, as necessary / Fundal massage by nurse / Medication – IV or by injection)
- **Delivery of placenta** (Spontaneous / Encouraged with breast stimulation, baby suckling / Hastened with massage of the fundus / Hastened with medication / Manual extraction)
- **Contact between mother and partner or loved ones** (Regulated by mother / Go home before standard discharge time / Restricted visiting hours only)

OPTIONS FOR BABY CARE (put this on a separate sheet for your baby's chart)

- **Airway** (Baby coughs and expels own mucus, suctioned if necessary / Suction with bulb syringe almost immediately)
- **Warmth** (Baby skin-to-skin with mother with blanket covering both / Wrapped in heated blanket, held by parent / Placed in heated bassinet in mother's room / Placed in special heated unit in nursery)
- **Immediate care** (Baby held by parents and suckled by mother, in parent's arms for observation and Apgar score / Kept near parents in bassinet or isolette / Taken to nursery for observation, weighing, and feeding)
- **Eye care** (None / Use of nonirritating antibiotic gel / Use of silver nitrate)
- **Vitamin K?** (None / oral doses / By injection soon after birth)
- **First feedings** (Breastfeeding on demand / Scheduled breastfeeding / Supplemental feedings (water, glucose water, formula) to breastfed baby given by parents or nurse / Demand feedings with infant formula / Scheduled formula feedings 0)
- **Contact between baby and mother/parents** (24-hour rooming-in / Daytime rooming-in / For feedings only, in nursery at other times)
- **Circumcision** (None / With one or both parents present to comfort baby / Baby alone with no anesthesia / Baby alone with local anesthesia / Out-of-hospital circumcision)

UNEXPECTED EVENTS

CESAREAN BIRTH

- **Timing** (After labor begins / Scheduled before labor begins)
- **Participation** (Screen lowered at time baby is delivered / Anesthesiologist or obstetrician explains events / No explanation to parents)
- **Anesthesia** (Regional anesthesia with little or no premedication / regional anesthesia with premedication / General anesthesia)
- **Presence of partner/others** (More than one supportive person present / Father or partner only / Partner seated at mother's head / Partner stands and watches or photographs surgery and birth / No partner present)
- **Post-Operative Medications** (None, or only at mother's request / Medications for trembling or nausea that makes mother sleep / Medications for trembling or nausea that makes mother forget)
- **Contact between baby and mother/parents** (Held by partner soon after birth, where mother can touch and see, breastfeeding as soon as possible / Sent immediately to nursery or intensive care alone / Partner remains with baby, second partner remains with mother)

PREMATURE OR SICK INFANT

- **Contact between baby and mother/parents** (Parents visit and care for baby as much as possible / If baby is in another hospital from mother, partner goes with baby / Baby separated from parents with little or no visiting)
- **Feeding when baby is able to digest (before this point baby fed intravenously)** (Mother nurses baby / Mother expresses milk and feeds baby by bottle, dropper, or tube / Formula feeding by bottle, dropper or tube)
- **Contact with support group** (Initiated by parents, nurses, or support group / No contact)

STILLBIRTH

- **Sedation of mother** (None or only at mother's request / At caregivers discretion)
- **Conduct of labor and birth** (Participation in decision making and use of labor coping techniques / Management left to hospital staff)

DEATH OF A NEWBORN

- **Contact with baby after death** (See and hold as long as desired, obtain mementos (photograph, lock of hair, foot prints, naming the baby) / See and hold baby initially after death / No contact with baby)
- **Care of baby after the death** (Autopsy / Spiritual services (baptism, memorial service, funeral))
- **Mother's recovery** (On postpartum unit / In room separate from postpartum unit / Early discharge / Spiritual and grief counseling / Contact with parent support group / None of these options, little supportive care)



Other important items regarding labor and birth:

Unexpected labor events:

- Complicated or prolonged labor or fetal problems

- Cesarean delivery

Post partum for mother:

I plan to feed with:

- Breastmilk
- Formula

- Concerns, questions, needs, feelings about visitors

- Controlling pain

- Follow-up after discharge

- Educational needs