



birth planning guide



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Firstly, writing a birth plan is NOT a silly idea or an invitation to be disappointed. Anyone who thinks that way is not yet informed about how bloody important a birth plan is! A birth plan is not a prescription or a set of instructions, its just a clear presentation of what you want! It will help your care providers to know exactly what you want without asking you a million questions but most importantly it will help YOU and your birth partner/s to learn all the options available and know what you want!

Visual Birth Plan Icons. You can find these on www.pinterandmartin.com. These are a great way to have a first look at what all the options are. There are likely to be lots of them that you hadn't considered or have just never heard of before. Find out what they all mean if you're not sure, knowing what all the options are is a great way to start figuring out what you would like to choose!

You are looking to create AT LEAST 3 birth plans. Think about what changes could happen. Eg. Home birth to hospital, spontaneous to induction etc. You would then create birth plans for each scenario with plan A being your ideal birth and plan C being a caesarean birth. Someone planning a Labour ward birth may do a plan A for that ideal birth they are working towards, a plan B for if they decide to have an induction or any augmentation (waters being broken, the drip etc.) and then a final plan C for caesarean. If plan A was a home birth or birth centre birth then there may be a plan B x2 for a change of birth place too!

Think about what you want! What's important to you? What birth have you always thought would be lovely? At this point it doesn't matter what type of birth you think you are limited to, for now you are just getting an idea of the type of birth you would love to have. The next steps will help you find out how you can make this happen or what alternatives there are.

What special circumstances do you need to consider? Find out everything you can about these- Places like Evidence Based Birth, Sara Wickham's website, the NICE guidelines, AIMS. These may be health issues of your own, pregnancy related issues, health issues for baby. Not all of these will affect your birth choices but now is the time to find out which ones do if you have any!

Find out others experiences. For example, If you would love a home birth and you have gestational diabetes, Join a FB group like Home Birth Support Group UK and look for others experiences with GD. This can be a great way of getting some insight into what other people have found useful when making their decisions and the different care provider opinions others have come across. This might show you that it's not as black and white as you may have been led to believe. No matter what it is always your choice.

Talk through your options with knowledgeable folks. Leanne or the AIMS helpline would be a good start, they can tell you what they know, any relevant research and help you come up with a list of questions for you to ask your care providers as well as stuff to read up on.

Discuss with your care provider. This may be a midwife or a consultant, do not be disheartened if you don't hear what you would like to hear, you can still chat through your circumstances with a Professional Midwifery Advocate and they can talk you through if what you are after is REALLY out of the question or not. (note, it rarely is!)

Consider what things are super important to you and you would not like to miss out on unless there's an emergency. This may be remaining upright throughout labour and for the birth, skin to skin after birth, avoiding 'the drip' or any other intervention or medication etc. How can you try to make sure that you can have these things? Can they be worked into all your birth plans? Eg. Remaining upright- even in the case of epidural use you can be assisted into various positions that support birth. Skin to skin after birth, can it be arranged that your birth partner holds baby on your chest for skin to skin EVEN after a Caesarean under general anaesthetic? Avoiding 'the drip', this may mean you opt for a caesarean if you would rather. There are so many possibilities we're not always offered, if you aren't sure how you can still incorporate certain things then talk to your instructor!

Create the birth plans for real! Consider everything you've learned about any factors concerning your pregnancy and chats with PMA or midwife etc and bring it all together to create your plan using whichever format suits you best, try to ensure it will be easily read by the care providers and explained by your birth partner.

Create your plan methodically by first considering your background such as how you feel about birth, how many babies you've had, any special medical or cultural requirements.

Then move onto the things that you would like to include in your environment such as low light levels, quiet, who you would like present (eg. Are you happy to have student midwives present? A doula?).

Next 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. Include how you would like baby to be born, whether you would like direction from a caregiver or not and if you would be happy to accept forceps etc if thought necessary.

Then consider what you would like to happen once 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 injection for baby? Let those reading know how you would like to feed your baby and what you would like to happen with baby when they are born, would you like uninterrupted skin to skin?

Would you like 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 after?

Do this with your birth partner ideally so that they understand it all and know the reasons for your choices. At the very least, go through it in detail with them, they will then be able to help relay it to your care providers on the day.

Change your birth plan any time you want, we often learn new things and make new choices. Finally, you can change your mind on the day if you want to!



Here is client Remi, she birthed at home and her plan was detailed and clear outlining her hands off, physiological approach.

She was clear that she didn't want pharmaceutical pain relief and to birth in water.

Her plan was thorough and well thought through and all that supported her knew this as it was detailed well in her plan.

Birth plans can't guarantee your birth will go a specific way, but it increases the likelihood, keeps you in more control and means you have thought about your options, so you're well informed!



birth proposal

NOTES TO
MIDWIFE

ENVIRONMENT

PAIN RELIEF OPTIONS

MONITORING

COACHING

BIRTH POSITIONS

Name:
Pronoun:
EDD:
Preferred place of birth:

Birth partner name:
Pronoun:
Contact:



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INTERVENTION

CATCHING THE BABY

3RD STAGE

GOLDEN HOUR

NOTES

Order in the most important things for YOU.

Things to consider:

Plan A (ideal) Preferences

- Place of birth
- When to go to the birth place.
- Birth partners
- Student midwives/drs
- Use of hypnobirthing
- Eat and drink in labour
- No offer of pain relief
- Any special/cultural requirements
- Monitoring when 'post term' (42 weeks) and during labour (continuous/intermittent/fetal scalp electrode)
- Lighting, communication, music, smell, visuals
- Use of pool/bed/positions
- Vaginal examinations/sweeps
- Artificial rupture of membranes in labour
- Positions for labour
- Pain relief (water, breathing, aromatherapy, massage, comb etc)
- Pharmaceutical pain relief (entinox, pethidine, diamorphine, epidural)
- Coaching during 2nd stage (including announced gender)
- Hands on/off approach
- Third stage -birthing the placenta (natural or managed)
- What you plan to do with the placenta
- Optimal cord clamping and who to cut the cord (cord ties)
- Golden Hour (undisturbed, breastfeeding, skin to skin, hat)
- Wipe the baby down or not
- Perineal checks
- Vitamin K

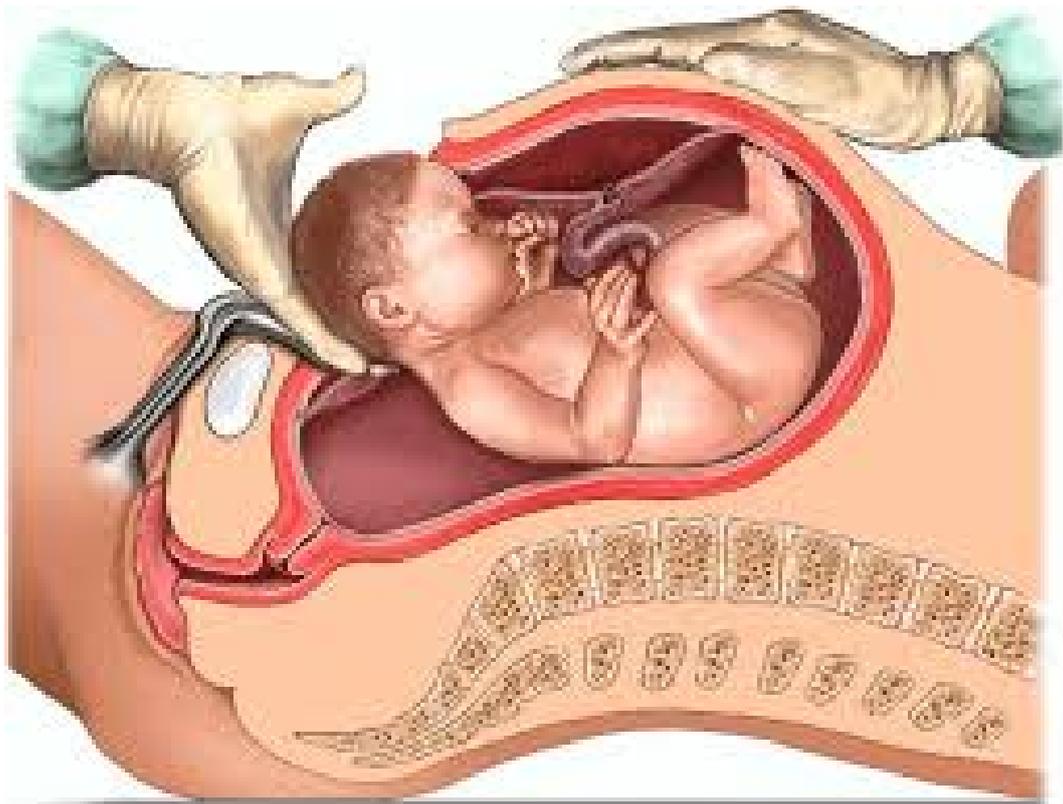
Plan B- Induction/hospital preferences (additions to above)

Induction preferences (when/how)

- Induction by membrane sweep/pessary/ARM/drip)
- Induction for post dates
- Induction of labour does not start after release of membranes
- Vaginal examinations after release of membranes
- Monitoring when 'post term' (42 weeks) and during labour (continuous/intermittent/Fetal scalp electrode)
- Assisted delivery (incl. forceps, episiotomy, ventouse)
- Other augmentation of labour (aka the drip)
- Which hand you want cannula

Plan C - Caesarean preferences (Golden hour etc still use above informatin to help you)

- Emergency vs unplanned
- You have to agree and consent- how do you feel?
- Lights
- Scripts
- Music
- Partner (affirmations, touch, cuddles etc)
- Where to place CTG
- Which hand for cannula
- Breathing
- Gentle birth
- Announce gender or not
- Curtain lowered
- Watch birth/hear a description/photos?
- Immediate skin to skin
- Optimal cord clamping when and by who
- When to have catheter out
- Post birth support





CAESAREAN

birth proposal

NOTES TO MIDWIFE

ENVIRONMENT

PREFERRED ANAESTHETIC

MONITORING

PRIOR TO BIRTH

DURING THE BIRTH

Name:
Pronoun:
EDD:
Preferred place of birth:

Birth partner name:
Pronoun:
Contact:



CAESAREAN

birth proposal

CATCHING THE BABY

3RD STAGE

DURING RECOVERY

GOLDEN HOUR

NOTES