



Birth Plan Options

First Stage: Onset Of Labour

Spontaneous/Self-Induced

- Walk
- Nipple Stimulation /cuddles/ear nibbles
- Sexual Intercourse (only if bag of waters has not ruptured)
- Use of herbs (please consult your caregiver first)

Medically Induced

- Prostaglandin Gel
- Artificial Rupture of Membranes (Amniotomy)
- The drip

Support People

- Partner and labour assistant present at all times, even for caesarean section
- No excess hospital staff
- Support people present at mother's direction
- Invite midwife to spend as much time as possible

Clothing

- None
- Own Clothes
- Hospital Gown

Monitoring

- Fetoscope only. No ultrasound devices
- Doptone (hand-held ultrasound device)
- External Foetal Monitoring
 - Intermittent (eg: for 20 minutes upon arrival and then once every 2 hours for 10 minutes)
 - Continuous
- Internal Foetal Monitor – wire in babies head

Vaginal Exams

- Only upon mother's request
- As few as possible
- At caregiver's discretion

Iv Fluids

- No IV fluids unless antibiotics must be given
- If IV preparation necessary, use heparin lock (also called a saline lock)
- IV fluids as per doctor's instructions

Hydration

- Drinking fluids
- Eating iceblocks
- Ice chips only
- IV fluids (must have if you receive an epidural or spinal anaesthesia). No liquids



Eating

- Eat small amounts to satisfy hunger
- Only liquids
- Labour drink
- Raspberry Leaf Tea
- Nothing by mouth

Pain Relief

Non-Pharmacological Pain Relief

- Shower or bathtub
- Massage
- Hot/cold packs
- Relaxation deep or patterned breathing
- Vocalization
- Visualization
- Movement (walking, rocking, swaying)

Pharmacological Pain Relief

- Gas - do not offer – when I ask, and teach me the best use of
- Epidural (or spinal) anaesthesia
 - As soon as possible
 - Only if uncomfortable after 5 cm
 - Only if I ask. Do not offer
 - To be turned off when almost fully dilated to allow normal second stage
- Narcotic - Pethidine
 - As soon as possible
 - Only if I ask. Do not offer

Movement And Positions For Labour

Freedom to move around and change positions during labour

- Walk
- Hands and knees
- Pelvic rock
- Lunge
- Rock
- Squat
- Sit or lean on birth ball
- Dangle

Confined to Bed (required if you've had epidural or spinal anaesthesia)

- Lying prone
- Side lying
- Semi-sitting

Empty Bladder

- Walk to bathroom
- Hourly
- Bedpan
- Catheterisation (required if you've had an epidural or spinal)



Second Stage: Delivery Of Baby

Atmosphere

- Dimmed lights and soft voices during delivery

Pushing

- Spontaneous
- Directed only if no other option – please avoid
- Directed with prolonged breath holding (for counts of 10) avoid

Positions For Pushing

- Choice of positions including standing, squatting, supported squat, hands and knees, sitting, semi-sitting, side lying, lying prone. No stirrups
- Lying prone or side lying in bed
- Semi reclined – to be avoided...difficult for the baby to get out
- In water

Perineal Care

- Warm compresses
- Perineal massage
- Prefer tear to episiotomy

Episiotomy

- Use local anaesthesia.
- Or Perform without anaesthesia when contraction is at its peak and baby's head is crowning (pressure episiotomy).

Extraction Devices

- None unless baby's health at risk
- If necessary, prefer vacuum extraction
- If necessary, prefer forceps

Immediately After Birth

- Place baby on mother's abdomen, covered with blanket
- Baby to warmer only if medically necessary
- Baby to warmer

Announcement Of Baby's Sex

- Parents to discover sex of baby
- Partner or other special person to announce sex of baby

Cutting Cord

- Partner, mother, other special person to cut cord
- Caregiver to cut cord
- Cut cord only after it has stopped pulsing
- Cut cord at caregiver's discretion
- Lotus birth – placenta left attached until drops off in a few days



Third Stage: Delivery Of Placenta

Delivery Of Placenta

- Baby not to be rushed. Allow baby to find the breast, and only when it ready
- Baby to breastfeed to assist in natural delivery of placenta
- No drugs uterine massage, or traction on cord
- Drug to speed delivery of placenta
- Take placenta home

Perineal Repair

- If repair necessary, no local anaesthesia
- If repair necessary, use local anaesthesia

Bonding Time

- Delay newborn exam and any eye care or injections for one to two hours to allow mom and baby time to bond.
- Perform all exams and procedures in room with mother
- If baby must go to nursery, allow father to accompany baby
- Perform newborn exam and any eye care or injections pursuant to standard hospital procedure



Cesarean Section

Support People

- Please allow partner and/or labour assistant to remain with me for surgery, and recovery room

Anesthesia

- Prefer epidural
- Prefer spinal, turned off when fully dilated
- Prefer general anaesthesia
- Prefer urinary catheter be inserted after anaesthesia takes effect

Restraints

- Prefer to have one hand free
- Partner will hold free hand
- Green drape dropped

Delivery

- Draping with mirror set up for mother or partner to view delivery
- Caregiver or labour assistant to describe surgery
- Allow photographs or video of surgery.
- Full draping. No description of events

After Delivery

- Lift baby onto mother's bare skin and wrap in that position
- Give baby to partner as soon as possible after delivery. Free mother's hands so she can touch baby
- Show baby to mother and partner before taking to warmer
- Baby with mother in recovery
- If baby must go to nursery, allow partner to go with baby.
- Allow labour assistant to accompany mother to recovery
- Baby to nursery until mother out of recovery

Rooming-In

- 24-hour rooming-in with mother. No nursery visits
- Partner rooming-in
- Baby to nursery at mother's request or at night
- Bring baby to mother to breastfeed when hungry

Feeding Preference

- Breastfeeding only. No bottles, dummies, artificial nipples, water, or formula
- Formula feeding

Circumcision

- No circumcision
- Book to see Paediatrician to discuss