

## Preparing a Birth Plan

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Over the course of your pregnancy (or even the course of your life), you may have had thoughts of what your ideal birth experience may be. Preparing a Birth Plan is a means organizing these ideas and communicating them to your caregivers to help ensure your birth experience is as close to your ideal as you had hoped.

Birth Plans can be shared verbally or in written form with those who will be involved in your birth (e.g., partner, midwife, family doctor, obstetrician, nurse, doula). Written is recommended for hospital births as your obstetrician may not attend your birth. They describe your preferred choices for how various aspects of the birth should be handled so you do not need to at the time of birth. It is important for this reason that the choices in your Birth Plan be well informed and clearly communicated.

### TIMELINE FOR DEVELOPING A BIRTH PLAN

Weeks 2 to 24:

- Select a caregiver. Interview midwives and physicians to find someone who will support you in the birth experience you want to have.
- Select a site for your birth. Tour hospitals or consider a home birth.
- Educate yourself. Read books on childbirth, take childbirth education classes and speak with others who have developed Birth Plans.

Weeks 24 to 30:

- Prepare a draft copy of your Birth Plan
- Review the draft copy of your Birth Plan with your caregiver(s)
- Modify and finalize your Birth Plan
- Make copies of your Birth Plan for yourself, your records and all your caregivers

At your birth:

- Ensure attending caregivers are aware of your Birth Plan.
- Be flexible

### ELEMENTS OF A BIRTH PLAN

The role of a Birth Plan is to maximize the chances that your birth experience is as close to your ideal as possible, and should any unexpected obstacles arise, that your preferences with respect to certain medical procedures and treatment options be known. It is therefore essential that you reflect on your own attitudes towards childbirth and educate yourself on the advantages, disadvantages and alternatives to standard medical and optional procedures you will encounter.

Importantly, remember that a birth is a cooperative effort, and a Birth Plan should be prepared in the spirit of cooperation, with the attitude that you are helping those involved in the process help you. Involve your partner in its' preparation. Be clear and concise in your instructions, but avoid a demanding or inflexible tone.

Below are considerations to bear in mind as you prepare your Birth Plan. Not all situations will arise at your birth, and not all items will be of concern to you.

**At labour:**

- Number of support persons (e.g., partner, family, doula) allowed
- Freedom of movement (e.g., walking about, changing position, etc.) or remaining in bed
- Freedom to eat and drink as desired or reliance on intravenous fluids
- Labour induction methods (e.g., none, breast stimulation, brisk walking, castor oil, acupuncture, homeopathic medicines, "stretch and sweep", amniotomy, artificial prostaglandin gel or pitocin) listed in order of preference
- Pain management methods (e.g., breathing exercises, relaxation techniques, positional changes, massage, acupuncture, homeopathic medicines, pharmaceutical) listed in order of preference
- Fetal heart-rate monitoring (intermittent or continuous electronic, or regular or ultrasound stethoscope)

**At birthing:**

- Freedom of movement and positioning (e.g., squatting, etc.) or lithotomy position
- Self-directed (i.e., following the urge to push) or directed pushing
- Duration of second stage of birth (unlimited or limited period [usually two hours])
- Management of perineal stretching (e.g., warm compress or massage of perineum, episiotomy) listed in order of preference.
- Interventions at delivery (e.g., none, amniotomy, forceps, vacuum extraction)

**After-birthing:**

- Delayed or immediate cutting of umbilical cord
- Skin to skin placement of newborn or electric warmer use
- Delayed (to allow for bonding with mother) or immediate newborn care
- Unlimited or limited (usually 15 to 30 minutes) duration of placental delivery stage
- As required or routine pitocin use for placental delivery

**Newborn:**

- First feeding options (i.e., breastfeeding or formula or sterile water)
- "On-cue" or routine [usually every three to four hours] feeding schedule
- Circumcision or not

**Cesarean birth:**

- If clinically indicated or scheduled
- Presence of support persons
- Skin to skin placement of newborn (with mother or partner) or electric warmer use
- First feeding options (i.e., mother assisted to breastfeed, or formula or sterile water)

**REFERENCES**

Simkin P. The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth. 2<sup>nd</sup> ed. Boston (MA): Harvard Common Press; 2001.