

Birth Plan

A birth plan is a document that tells your health-care provider and the hospital staff:

- What kind of childbirth you would like.
- How you would like your baby cared for after he is born.

Many hospitals now have a draft birth plan for you to use. You can also use this [same birth plan](#).

How to write a birth plan

Simple and short is best. It should be less than one page long. Try to be realistic and be aware that your childbirth will include your health-care team, yourself, your partner, the baby, and your family. Your birth plan works best if you write down what you want and what you would prefer if things do not happen as you planned. For example, you may write, "I would prefer not to have an intravenous needle during labour. But if the staff think I need one for a clear medical reason, then I would agree to have one, but only if, and when, it is needed."

When to write a birth plan

Most women write a birth plan after they talk over their childbirth plans with a health-care provider and once they know what their hospital offers in terms of routines and care. It's also a good idea to discuss the plan with your partner and your family if they are going to be involved in some way. However, it is your body, and your family needs to understand that you are the only one who can make some of the more personal decisions (pain control, for example).Return to top

Common things included in a birth plan

We have listed some of the common things women include in their birth plans. You do not have to include all of them in your own birth plan. If something is not as important to you, you can leave it out. If you think of something else that is not on this list, feel free to include it.

The labour coach

Studies show that when a woman in labour has the continuous support of someone who cares for her (a labour coach), she will have a more positive experience. The hospital will provide you with a professional labour coach (an obstetrical nurse) who will help you during labour and delivery, and after the baby is born.

Enema

Today's health-care providers do not usually give enemas to women in labour. An enema is a liquid put into the rectum to clear out the bowel. However, some women find that having an enema gets rid of pressure in the lower bowel. This is most helpful if they were constipated before labour.

Shaving

Most hospitals no longer shave a woman's pubic area.

Intravenous line (IV)

Unless your pregnancy is high-risk or there is a medical reason, most hospitals will not insert an intravenous line (IV). An IV provides direct and immediate access to your blood stream quickly, in case an emergency happens. Sometimes, an IV is the best way to give you certain medicines—such as antibiotics, or drugs to start labour. Some women benefit from the extra fluids they can get through an IV. It can help prevent dehydration during labour. If you want an epidural you will need to have an IV. Talk to your health-care provider for more information or to decide whether you will use an IV.

Blood tests

If your pregnancy is thought to be low-risk and normal, routine blood tests are not usually done when you first arrive in the labour room. Sometimes, certain blood tests are needed (such as blood sugar tests if you are diabetic) to make sure all is going well. [Return to top](#)

Inducing labour

If your labour has not started by the end of your 41st week, or if you have other medical problems, your health-care provider may suggest that labour be induced (started using medical means). Labour should not be induced without good reason.

Augmenting labour

If your labour is moving too slowly, your health-care provider may suggest rupture of membranes or starting an IV with oxytocin. Oxytocin is a hormone that is almost the same as your natural labour hormone. It will cause the contractions to get stronger or become more regular.

Monitoring the baby

Evidence shows that during normal labour, it is best to monitor the baby at regular intervals. This needs to happen in a way that does not limit your movements. If you have special needs, it may be necessary to monitor the baby using continuous fetal monitors, but this should be used only when needed.

Movement during labour

Most hospitals today encourage mothers to move about freely during the early stages of labour because studies show that this mild form of exercise helps speed up labour.

Eating and drinking during labour

In the very early stages of labour, eating and drinking small amounts prevents you from getting dehydrated and helps you keep up your strength. However, most women in active labour do not feel like eating. They may want to have small amounts of clear fluids. If some high-risk problems exist, you may not be allowed any food or drink.

Pain relief

There are many different ways to help you cope with the pain of labour and childbirth. These range from special breathing to an epidural block. When your pain is under control, it is easier for you to help with the birth. It's okay to choose natural childbirth (no pain relief), but it's also okay to change your mind if the pain becomes too much for you.

Pushing

At the end of active labour, the urge to push your baby out suddenly becomes strong. The body naturally wants to bear down (push) a few short times during each contraction. Remember to take breaths in and out between pushes. There is proof that this way of pushing gives the baby the most oxygen. Sometimes, hospital staff might ask you to push a different way. You may be encouraged to take a deep breath and hold it, then push one hard, long push with a deep breath at the end. Evidence shows this method may speed up delivery, but it may also lower the baby's oxygen levels over time.

Sometimes, the cervix is not quite ready for the baby to move through. You may be told not to push. If that happens, you will be told what you can do to avoid pushing (such as a knee-to-chest posture or special breathing). [Return to top](#)

Delivery positions

The best positions for delivery are sitting upright or semi-sitting. These postures seem to lower the time it takes to push a baby out. Lying on your side is also a natural delivery position that has many benefits. Squatting down can be helpful because it improves the angle of the pelvis, giving the baby more room to come out. It also lets gravity do some of the work in helping the baby slide out more quickly. You do not have to worry about having your legs strapped into stirrups. Today's hospitals do not do that.

Episiotomy

There is no evidence to support doing an episiotomy for all women (making a cut to widen the opening to the vagina). In fact, there are more benefits to NOT doing this, such as:

- less pain after the baby is born,
- better sexual function later, and
- less relaxation of the pelvic muscles.

In some cases, an episiotomy is necessary to relieve pressure, or to deliver a baby in distress more quickly.

Cutting the umbilical cord

Waiting at least two minutes after the baby is born before cutting the umbilical cord may help your baby get more blood supply. This may be most helpful for premature babies. If your partner wishes to cut the cord, this can also be arranged.

Skin-to-skin contact

Studies show that cuddling and skin-to-skin contact with your baby right after birth helps your baby adjust to life outside the womb and makes breastfeeding easier. This is called kangaroo care.

Religious or cultural beliefs

Feel free to list your needs in this area. You may have customs, beliefs, and certain things you want for yourself, the baby, and your family.

Rooming in

Studies show it is best for you and your new baby to stay and sleep in the same room. Babies who do so are handled mostly by their mothers. Babies in the nursery are handled by many people. Therefore, the risk of infection for a baby is higher in the nursery. By rooming in, you and your baby have a chance to bond with each other.

Caesarean birth

If you know you will be having a Caesarean section, you may want to think about what kind of pain relief you want, and if you want your partner to attend. If you were to need an emergency birth, what would your choices be? Include these in your birth plan.

Starting to breastfeed

Evidence shows that the best time to begin breastfeeding is within 30 to 60 minutes after birth, when the baby is most alert. This is also the perfect time to begin bonding with your baby. You can have your baby placed on your belly right after birth, so you both get a good start. This skin-to-skin contact makes it more likely that breastfeeding will be a success. Many babies have the instinct that enables them to know how to breastfeed when they are skin-to-skin.

Feeding schedules

Studies show it is best to breastfeed when your baby seems hungry, and not based on a schedule. This is called

feeding on cue. If you watch your baby, you will get to know the cues (or signs) of hunger, such as sucking on the fist, searching with the head for a breast, or crying. Babies should feed at least 8 times during a 24-hour period. You may need to wake your baby up to feed if she is too sleepy to do so. Return to top

Just breast milk

Studies show that breastfed babies aged 0–6 months do not need feedings of anything other than breast milk. Water feedings are not necessary.

Asking for help

There are many ways that you can find help for breastfeeding. Sometimes the help will be offered, and sometimes you may have to ask for it. Many communities offer home nursing programs, breastfeeding support through public health clinics, breastfeeding clinics, and professional lactation (breastfeeding) consultants.

Umbilical cord blood banks

After your baby is born and the umbilical cord is cut and clamped, a length of umbilical cord is still linked to the placenta. This cord is filled with a small amount of blood, some of which is tested for the baby's blood type and some other vital levels. The rest of the blood, along with the placenta (once it is expelled), is thrown away as medical waste.

The blood in the umbilical cord contains special cells called stem cells which can be used to treat children with cancers or other bone marrow diseases such as leukemia or lymphoma. In other words, these cells could save someone's life.

If you choose to use or donate the umbilical cord blood, you should let your health-care providers know. Include this in your birth plan. Umbilical cord blood must be taken after birth, but before the placenta is delivered. This blood can be banked for use in the near future, but there is no proof that it can be stored for long periods and still be used to treat cancer or disease. Cord blood banks require that you go through a screening process. You will need to contact your local bank before you reach 34 weeks to complete the screening process.

In Canada, there are a limited number of public umbilical cord banks who store blood for the public good. Return to top

The excerpt above is from Healthy Beginnings (4th Edition) Chapter 4 – The home stretch: the third trimester.

For additional information, [visit the Healthy Beginnings website](#)