



Birth Plan

(Your name and your partner)

Support People:

Plans for Pain Control:

Monitoring my baby's heart rate:

Positions for labour and birth:

Medical Interventions:

Newborn procedures:

Feeding my baby:

Other thoughts:

My signature _____ Date _____

Reviewed by _____ (health-care providers signature)



Birth Plan

- **Support People**

Once you have found out how many support people you are allowed at any one time, discuss with your partner who you would like to be present. Support people are meant to help you through what can truly be an amazing experience; but it can be a stressful time as well. If someone is not going to be helpful, or will cause extra stress, ask them to stay in the waiting area - or better still, tell them to stay at home and you will call to let them know when the baby is born.

- **Pain Control Options**

There are several options for pain management that most centres provide. First of all, you don't have to take any pain control - only you know how much pain you're in and how much you can take. If you do want something, you just have to ask. Depending on how far along you are in labour, your health care provider should discuss your options. In the early stages women often find that moving around, getting in a warm bath or shower and/or having their back rubbed is helpful. Sometimes, people want or need more than that. Remember, everyone is different. Just because your best friend did it without anything doesn't mean you have to... it's not a competition! Options your health care provider may have discussed with you could include nitrous oxide (a gas), narcotics such as morphine, or a regional anaesthesia such as an epidural. You can start with nothing and work through everything. Consider what you might want and what order you might want them in. Discuss with your health care provider before you are in labour.

You might want to write something like: "I would like to try to labour and deliver without any pain control but if I request something I am open to suggestions so please discuss all the options available to me."

- **Monitoring your baby's heart rate.**

The only way we can know how your baby is doing during labour is to listen to his/her heart rate. We can do this intermittently with a doptone (the same hand held device that we use in the clinic) or continuously with an external heart rate monitor, held on by a strap around your waist or with an internal scalp electrode. The recommendation for intermittent monitoring is to listen to the baby every 15-30 minutes during the first stage of labour (up to 10cm dilated) and every 5 minutes during the active second stage of labour. (We listen to the baby's heart rate for 30-60 seconds after a contraction ends). The benefit of intermittently listening to the baby is that you are free to get up and move about but it doesn't offer as clear a picture of what the baby's heart rate is doing. If you are considered high risk, or if there is something being done out of the norm (for example, you are receiving oxytocin), we will recommend continuous monitoring to keep a closer eye on your baby. If we are having problems monitoring the baby's heart rate or are concerned with what we are seeing, we may recommend an electronic scalp electrode. This is a little electrode that attaches to the baby's scalp. It is certainly very safe but is not routinely done.

All of these efforts are to monitor your baby's wellbeing. It is really an indirect assessment of how much oxygen your baby is getting during labour. If we are concerned about the baby's heart rate, we may suggest getting a drop of blood from the baby (baby scalp blood sampling); it's like diabetics taking a drop of blood from their finger to test their sugar, except in this case we take a drop of blood from the

top of the baby's head (or their bum if it's coming down first!). Based on the blood test for oxygen, pH or lactate, we will be able to better inform you about your baby's wellbeing.

You might want to write something like: "I would prefer to have my baby's heart rate monitored intermittently. If you think I should have continuous monitoring of my baby's heart rate, please explain to me why and if you are concerned about something."

- **Positions for Labour and Birth.**

No one position is best for everyone at all times. Some women prefer to walk around and hold on to something or someone during a contraction. Some prefer being on their hands and knees, or on their side or on their back. Everyone is different and as labour progresses you'll likely find different positions feel better. The same is true for delivering your baby. Some women deliver on their hands and knees, some on their sides and some on their backs. Speak to your health care provider about what practices are common where you're planning on delivering. There is no research to tell us what labour or delivery position is best. Different practitioners have their preferences but it is not based on any good study. Ask questions about what people do and identify what your preferences are.

You might want to write something like: "During the first stage of labour I would prefer to move around as long as I am comfortable and able with the support of my partner. At the point when I move to a birthing bed, I would like to try different positions to see what feels right for me."

- **Medical Interventions:**

There are all kinds of reasons why your health care provider may discuss some sort of medical intervention with you. Again, keep an open mind. No woman wants to have forceps or a vacuum or a caesarean section. But what happens if you've written down that you don't want any kind of medical intervention and your baby gets stuck, or despite your pushes the baby doesn't come down, or your health-care provider is concerned about your baby's heart rate. Similarly, if you state that you don't want an intravenous but end up deciding to have an epidural, you will have to have an intravenous before you get an epidural. State your preferences but don't make it impossible for your health-care providers to help you and your baby.

You might want to write something like: "If we agree that I have to have help delivering the baby, I want you to help me understand which way is best for my baby and me."

- **Newborn Procedures:**

Who do you want to cut the umbilical cord? Do they delay cord clamping at your centre? Have you planned for cord blood banking? Do you want the baby put directly on your chest or dried off first? Do you have any specific religious or cultural beliefs? There may be other things you want to consider. Speak to your health-care professional.

- **Feeding your baby:**

If you are planning on breastfeeding, we will support you, starting within the first 30 to 60 minutes. If you are planning on bottle feeding, let your nurse and support people know and we will help you get started. We are there to respect your decision...but if you need help making the decision either before labour, during labour or afterwards, we are there to help you.

- **Other Thoughts:**

There may be other things you want to consider or discuss. Put them down. Talk about them. Ask questions. The birth plan should be a way to facilitate discussions with your health-care team.

Good luck.