

Fact Sheet

My birth choices – birth plan

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Why list my birth choices?

In preparing for your birth, you can explore the many options available to assist you in birthing and bonding with your baby.

Every woman's birth is an individual experience, and preferences for what is ideal varies from one woman to the next.

This document outlines options for comfort measures to use during your labour and birth. It also discusses various support options that your partner and support people can provide.

Your choices are not a **wish** list or a **rigid** set of rules about how you want your labour and birth experience to be. They are more of a guideline for you, your support people and the staff caring for you.

Exploring these options during your pregnancy will help you make informed decisions about the assistance you need for birth and parenting. Your birth choices should be flexible and change as you think more about what you would like for your birth. Each birth is different and preparing your birth choices/options is essential for pre-birth preparation.

You are more likely to feel comfortable with your decisions knowing why you made them. A simple tool such as the BRAIN acronym can assist with decision making (see the last page).

You will be able to discuss your preferences with your partner/support people and find out how the hospital and staff can support your choices.

Attending preparation for birth and parenting classes is recommended.

There are a variety of options you need to explore. Attending preparation for birth and parenting classes is recommended.

You may wish to explore options that will assist you to have an active birth using:

- water
- massage
- music.

Other things to think about:

- who your support people will be?
- how will they support you during labour and birth?
- what are the benefits and potential complications of medical or surgical interventions?
- If you need to have a planned caesarean birth, what are your preferences for skin-to-skin contact with your baby in the recovery room?

Many examples and guidelines can assist you in creating your birth plan. The details will vary depending on what you prefer your labour and birth to be like and what options you prefer for your baby.

Flexibility is necessary, and it is important to discuss your birth plan preferences with your care giver/s so they too are aware and can support you in your decision making.

The following is an example of a Birth Plan which you may like to use.



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Name:	Birth Partner's name:
Birth Partner's mobile:	
Baby's estimated due date:	
Other birth-support (doula / other family):	
Previous birth experience:	
Antenatal Preparation for birth	
<input type="checkbox"/> I would like to know how to massage my perineum to help reduce tearing at birth	
My Labour & Birth	
Environment	
<input type="checkbox"/> dim lights	<input type="checkbox"/> quiet music
<input type="checkbox"/> aromatherapy	<input type="checkbox"/> wear my own clothes
<input type="checkbox"/> birthing ball	<input type="checkbox"/> bed against the wall
<input type="checkbox"/> hidden medical equipment	
<input type="checkbox"/> other	
Monitoring my baby's heartbeat ❤️	
<input type="checkbox"/> If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile	
<input type="checkbox"/> I am happy to be monitored intermittently with a hand - held doppler	
<input type="checkbox"/> Fetal Scalp electrode (FSE)	
Vaginal / Cervix examinations	
<input type="checkbox"/> I would prefer minimal examinations	
<input type="checkbox"/> I am happy for examinations as deemed necessary by staff	

Relaxation and comfort during labour

<input type="checkbox"/> massage	<input type="checkbox"/> warm packs	<input type="checkbox"/> bath
<input type="checkbox"/> shower	<input type="checkbox"/> fit ball	<input type="checkbox"/> bean bag
<input type="checkbox"/> acupuncture	<input type="checkbox"/> hypnotherapy	<input type="checkbox"/> other

Mobility during labour

<input type="checkbox"/> I would like warm compresses applied to my perineum as I am birthing the baby
<input type="checkbox"/> I would like a mirror available to view the pushing / crowning / birth
<input type="checkbox"/> I would like to touch my baby's head when it crowns
<input type="checkbox"/> I do not want to be told my baby's sex – I want to discover first-hand
<input type="checkbox"/> I would like my partner/support person to receive the baby as I give birth

Episiotomy

<input type="checkbox"/> I do not want an episiotomy unless there is an emergency
<input type="checkbox"/> If indicated, an episiotomy is acceptable
<input type="checkbox"/> Unsure (please talk to your health care provider)

Assisted birth

If additional medical assistance is required for the birth, I have read information about:

<input type="checkbox"/> assisted birth – forceps	<input type="checkbox"/> Vacuum birth
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Medical pain relief options

Number any acceptable options in order of preference:

I prefer to try to manage without medical pain relief options

gas (nitrous oxide) / air sterile water injections for back pain

epidural morphine

other

Rupturing of the amniotic sac

I prefer my amniotic sac be allowed to rupture on its own

Position/s for labour and birth

Tick as many as you like – underline your preferred birth position:

walking standing kneeling

squatting sitting lying down

birth stool water birth other

Pain Relief

do not offer me pain relief – I will ask if I want pain relief

only offer pain relief if I appear uncomfortable

please offer pain relief as soon as possible

I would like to use heat-packs

I would like to use warm water – shower or bath

Caesarean

If a caesarean section is deemed necessary, I would like the following:

birth partner present

I do not want to be separated from my partner & baby

photos / video

I would like the procedure described to me as it is happening

screen lowered at birth

I would like quiet music playing

delayed cord clamping

unsure (please talk to your health care provider)

I want my baby placed on my chest immediately after birth (skin-to-skin)

Other

Immediately following the birth

Tick as many as you wish:

I want my baby placed on my chest immediately after birth (skin-to-skin)

I do not want my baby wiped down and the vernix removed

I do not want the liquor wiping of my baby's hands to allow my baby to find my breast and latch on

I would like my baby to remain skin to skin until after the first breast feed

Please delay cord clamping and cutting until pulsating ceases

I would like to cut my baby's cord

I would like my birth partner to cut the cord

I want to hold my baby while the placenta is delivered

I would like a physiological management of the 3rd stage (placenta)

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<input type="checkbox"/> I would like the baby to be examined in my presence
<input type="checkbox"/> If the baby cannot be examined in my presence, I would always like my birth-partner to remain with the baby
<input type="checkbox"/> Unsure (please talk to your health care provider)
<input type="checkbox"/> other
<input type="checkbox"/> I would like to go home from the birth unit, with home visits from a midwife

My Baby's Care

If my baby needs to go into a special care nursery due to medical reasons

- I would like to breastfeed / express breast milk for my baby
- I would like assistance to nurse my baby skin-to-skin
- other requests

Feeding my baby

- I wish to breast feed
- I wish to formula feed
- I do not want my baby to have formula milk

Vitamin K for my baby

- I would like my baby to have the single injection of Vitamin K
- I would like my baby to have oral Vitamin K
- Unsure (please talk to your health care provider)
- I do not want my baby to have Vitamin K

Hepatitis B for my baby

- I would like my baby to be vaccinated with Hepatitis B vaccine before discharge
- Unsure (please talk to your health care provider)

Your signature:	Date:
Healthcare Provider's name:	
Healthcare Provider's signature:	Date:

For further information scan the QR codes below
For Information on Pregnancy/Birth & Breastfeeding



For information on childbirth and parenting classes website:
<https://www.wslhd.health.nsw.gov.au/WNH/Childbirth-Parenting-Education/class-information-and-booking>



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Need to make a decision?

Use your brain!

B Benefits What are the benefits of this Procedure? How will this positively impact my labour, my baby or myself

R Risks What are the risk of this procedure? How might this negatively affect my labour, my baby or myself

A Alternatives Are there alternatives to this procedure? Are there other options that may have similar results

I Intuition What is my gut telling me about this?

N Need time/Nothing

Can this procedure be delayed? Can I take some time to think about it? What will happen if I choose to watch and wait for now?

Adapted from www.chinookcitydoulas.com

We welcome further feedback on this brochure as a way on continually improving our service.

Send your feedback to:

wslhd-wmdwnhwebsite@health.nsw.gov.au

