What is a Birth Plan?
A Birth Plan is not a wish list or a rigid set of rules about how you want your labour and birth experience to be.

A Birth Plan is a document which you may want to put together outlining your preferences for a variety of comfort measures to use during your labour and birth, plus the type of support you prefer from loved ones and care givers during this time.

Creating your birth plan can help you to explore the possible options you need to know to make informed decisions about the assistance you will require for childbirth and new parenting.

Some prefer to use the terms ‘my birth intentions’ or ‘birth preferences’ as this sounds more flexible and less rigid. Let’s face it, birth doesn’t always go to a set ‘plan’ but many believe preparing a birth plan is a useful and important part of pre-birth preparation.

You are more likely to stick to your birth plan knowing why you want certain things and what, if any, are the possible risks involved.

A birth plan will also enable you to discuss your preferences with your caregiver and to find out how the hospital and staff can support your preferences.

In preparing your birth plan you get to explore the many options available to assist you to birth your baby and bond with your baby.

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

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 C-section what are your preferences for skin to skin with your baby in the recovery room

There are many examples and guidelines that 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.
# My Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Birth Partner’s name:</td>
<td>Birth Partner’s contact number:</td>
</tr>
<tr>
<td>Baby’s due date:</td>
<td></td>
</tr>
<tr>
<td>Name of Obstetrician / Midwife:</td>
<td></td>
</tr>
<tr>
<td>Other birth-support (doula / other family):</td>
<td></td>
</tr>
<tr>
<td>Special dietary requirements for me:</td>
<td></td>
</tr>
</tbody>
</table>

- I would like to go home from the Birth Unit, with home visits from a midwife
- Any other special needs for me &/or my birth partner? (language, religion, disability, etc.)

# My Labour & Birth

## Environment

- dim lights
- quiet music
- aromatherapy
- wear my own clothes
- other-

- Monitoring my baby’s heartbeat 💖
  - If I require continuous monitoring, I prefer telemetry (cordless) so that I can remain active and mobile
  - I am happy to be monitored intermittently

## Monitoring my baby’s heartbeat

### Relaxation and comfort during labour

- massage
- bath
- other-
- shower
- fit ball
- bean bag
- warm packs
- acupressure
- hypnotherapy

## 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

## Mobility during labour

- I would like to keep active during labour if possible (walking, fit ball, etc.)
- Mobility is not important to me

## 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

**This written information is for guidance only and does not replace consultation and advice by your health care provider.**
I prefer my amniotic sac be allowed to rupture on its own

Episiotomy
I do not want an episiotomy unless there is an emergency situation
If indicated, an episiotomy is acceptable
Unsure (please talk to your health care provider)

Position/s for labour and birth
Tick as many as you like – underline your preferred birth position:
- walking
- squatting
- kneeling
- birth stool
- standing
- sitting
- lying down
- water birth

Birth
I would like to touch my baby's head when it crowns
I would like a mirror available to view the pushing / crowning / birth
I do not want to be told my baby's sex – I want to discover first-hand
I would like my partner / support person to receive my baby as I give birth

Assisted birth
If additional medical assistance is required for the birth, I have read information about:
- assisted birth – forceps
- Caesarean section
- assisted birth – ventouse
- unsure (please talk to your health care provider)

Caesarean
In the event that a caesarean section is deemed necessary, I would like the following:
- birth partner present
- photos / video
- screen lowered at birth
- delayed cord clamping
- I want my baby placed on my chest immediately after birth (skin-to-skin)
- Other

Immediately following birth
Tick as many as you wish:
- I want my baby placed on my chest immediately after birth (skin-to-skin)
- 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 would to hold my baby while the placenta is delivered
- I would like to have a Syntocinon injection to reduce bleeding
- I would like a physiological management of the 3rd stage (placenta)
- I would like the baby to be examined in my presence
If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times

☑️ Unsure (please talk to your health care provider)

☐ Other

My Baby’s Care

如果我们需要将婴儿送入特殊护理病房，原因可能是医疗需要

☑️ 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, with my preferred formula being _____________________________

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)

Hepatitis B for my baby

☑️ I would like my baby to be vaccinated with Hepatitis B vaccine before discharge

☐ Other requests:

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

Send your feedback to: WSLHD-Get_involved@health.nsw.gov.au

Your signature: _____________________________ Date: _____________________________

Healthcare Provider’s name: _____________________________ Date: _____________________________

Healthcare Provider’s signature: _____________________________ Date: _____________________________

This written information is for guidance only and does not replace consultation and advice by your health care provider.