

## Fact Sheet

### Birth plan.

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#### 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.

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## My Details

Name:	Contact number:
Email address:	
Birth Partner's name:	Birth Partner's contact number:
Baby's due date:	
Name of Obstetrician / Midwife:	
Other birth-support (doula / other family):	
Special dietary requirements for me:	
<input type="checkbox"/> 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

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> dim lights   | <input type="checkbox"/> quiet music         |
| <input type="checkbox"/> aromatherapy | <input type="checkbox"/> wear my own clothes |
| <input type="checkbox"/> 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

### Vaginal / Cervix examinations

- I would prefer minimal examinations
- I am happy for examinations as deemed necessary by staff

### Relaxation and comfort during labour

- |                                      |                                       |                                 |
|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> massage     | <input type="checkbox"/> bath         | <input type="checkbox"/> other- |
| <input type="checkbox"/> shower      | <input type="checkbox"/> fit ball     |                                 |
| <input type="checkbox"/> bean bag    | <input type="checkbox"/> warm packs   |                                 |
| <input type="checkbox"/> acupuncture | <input type="checkbox"/> 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
- |  |   |
|--|---|
| <input type="checkbox"/> gas (nitrous oxide) / air | <input type="checkbox"/> sterile water injections for back pain |
| <input type="checkbox"/> epidural                  | <input type="checkbox"/> morphine                               |
| <input type="checkbox"/> other-                    |   |

### Rupturing of the amniotic sac



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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       standing       other-

squatting       sitting

kneeling       lying down

birth stool       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

assisted birth – ventouse

Caesarean section

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

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 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 like 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 3<sup>rd</sup> stage (placenta)

I would like the baby to be examined in my presence





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<input type="checkbox"/> If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
<input type="checkbox"/> Unsure (please talk to your health care provider)
<input type="checkbox"/> Other-

<input type="checkbox"/> Unsure (please talk to your health care provider)	
<b>Your signature:</b>	<b>Date:</b>
<b>Healthcare Provider's name:</b>	
<b>Healthcare Provider's signature:</b>	<b>Date:</b>

## My Baby's Care

 <b>If my baby needs to go into a special care nursery due to medical reasons</b>
<input type="checkbox"/> I would like to breastfeed / express breast milk for my baby
<input type="checkbox"/> I would like assistance to nurse my baby skin-to-skin
<input type="checkbox"/> Other requests:
 <b>Feeding my baby</b>
<input type="checkbox"/> I wish to breast feed
<input type="checkbox"/> I wish to formula feed, with my preferred formula being _____
 <b>Vitamin K for my baby</b>
<input type="checkbox"/> I would like my baby to have the single injection of Vitamin K
<input type="checkbox"/> I would like my baby to have oral Vitamin K
<input type="checkbox"/> Unsure (please talk to your health care provider)
 <b>Hepatitis B for my baby</b>
<input type="checkbox"/> I would like my baby to be vaccinated with Hepatitis B vaccine before discharge

**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

