

Birth Planning

There are many options available during labour and birth, and it is a very good idea to think about what would work best for you and your baby during pregnancy. This way you will feel prepared and informed when faced with decisions during labour, as opposed to being faced with these decisions without as much time to weigh the pros and cons. Whether you are writing a birth plan to simply help wrap your head around what your ideal birth may look like, or with the intentions of having everyone present at the birth read it in order to understand your preferences, a Birth Plan can help you navigate the options and unknowns of labour and birth.

Try to make your Birth Plan brief and consisting of general statements so that it can be read and understood quickly, if necessary.

**Introduction**

Here you can think about what you would like your birth team to know about you, your beliefs, concerns, traumas, fears, relevant previous experiences and wishes.

**Message to your Birth Team**

Here you can express your gratitude for any support, expertise and assistance your Birth Team may provide to give you a safe and satisfying birth experience. If you and your partner (if present) wish to be involved in decision making for your care, say so here. You may also want to add that you understand that birth requires flexibility at time, saying things like ‘’as long as labour progresses normally’’ or ‘’unless medically necessary.’’

**Name’s of the support team and their relationship to the Birthing Person**

Ex. Partner, Doula, friend, family member

**Labour preferences**

Explain your preferences for routine procedures/interventions.

If induction or augmentation is suggested, what option(s) would be your first choice? What about your second choice? Are there any you would like to avoid?

Explain your desired method(s) of pain relief, ie. self-help nondrug approach, or your desired pain medications and at what point in labour you would ideally have it administered. You can also include how lenient you may or may not be with your first choice. (See Pain Medication Preference Scale below)

**+7-+10**, varying degrees of fear of pain accompanied by the desire to have pain relief as soon as the doctor will allow, before any pain is felt.

**+4-+5**, desire to have an epidural anesthesia as soon as active labour begins, willingness to cope until then, possibly with narcotic medications.

**+3**, preference for using pain medication but as little as possible, does not want to lose all sensation and would like to try self-help coping techniques. Natural childbirth is not a goal.

**0**, no opinion or preference

**-3--4**, would like to avoid using pain medications unless coping becomes difficult, but would not feel guilty if pain medication was used.

**-5--6**, strong preference to avoid pain medication (may want to consider using a ‘’code word’’, so that expression of wanting pain medication may be used to blow off steam but to ask the staff to not comply unless the code word is used. )

**-7--8**, very strong desire for natural childbirth, for personal gratification as well as to benefit the baby and to allow labour to progress. Would be disappointed if pain medication was used.

**-9--10**, the desire to forgo all medications, and to be denied it if requested.

**Birthing preferences**

Describe your preferred position(s) for pushing and whether you would like pushing to be spontaneous, directed ect.

Include any preferences you may have for perineal care, like a warm compress to help you relax and push effectively; preferences regarding the use or avoidance of episiotomy.

**After Birth**

State if you would like immediate skin to skin contact, delayed cord clamping and cutting, routine suctioning, immediate or delayed newborn routines (eye care, vitamin k, newborn exam, weighing)

Your preferences for feeding (breastfeeding or bottle feeding)

Whether or not you would like your baby (if baby is male) to be circumcised

**Plan B**

It is a good idea to think about what you would prefer when faced with challenges or unexpected complications. For safety reasons certain interventions may become necessary and your previous preferences towards them may not be appropriate.

If labour became long and difficult, state whether or not you would like to be involved in the decision making after receiving an explanation of non medical and medical options, or if you would like to leave decisions to the staff.

You may need to be transported to the hospital during a planned home birth, in which case it is a good idea to include things in your birth plan that you may not have thought you needed to.