How to Prepare a Birth Plan

1. Your birth plan is a kind of letter to the nurses, doctors or midwives whom you may not know very well. It tells them your preferences, and priorities for the care they give you and your baby during and after your childbirth.

2. Use the list below as a guide to the options to consider. Don’t feel like you must make a choice on every option. Of course, you want to be flexible, since no one knows if problems might arise. Language like, “if possible...” “Unless medically necessary...” “I prefer,” indicates to the staff that you recognize that a change in plans is sometimes necessary. By including in your plan the options you prefer if the “unexpected” should occur; you will remain actively involved in your care.

3. Your childbirth educator, your doula, and the nurse on the hospital tour can give you helpful information on policies and routines of your care provider and your hospital.

4. Keep your plan friendly and concise (approximately one page). If possible, prepare a draft, discuss it with your care provider and then make up a final copy that can become a part of your chart. Take one or two extra copies with you, in case it is misplaced.

5. Begin with your names and a brief introduction about yourselves, its purpose is to help the staff become better acquainted with you and to understand your birth plan better. Your general health, any problems during pregnancy, and special needs should be described in your introduction. We hope you find this guide helpful as you prepare for this memorable event.

### Options for Normal Labor and Birth

**Presence of partner/others**
- More than one supportive person present
- Father or partner only
- Doula
- Friends or relatives
- Other children at birth

**Position for labor**
- Freedom to change positions and walk around
- Postural aids (birthball, tub, beanbag chair or other)

**Onset of labor**
- Spontaneous (begins on its own)
- Induction of labor

**Food/fluids**
- Eat and drink as desired
- Water, Juice
- Popsicles
- Ice chips only
- IV fluids
- Capped line in case IV fluids needed

**Vaginal exams**
- Only at mother’s request or if needed for clinical decision
- Frequency of exams
- Number of different examiners

**Enhance or speed labor**
- Walk, change positions
- Nipple stimulation
- Ankle massage
- Rupture of membranes
- Pitocin

**Monitoring fetal heart rate**
- Auscultation with Doppler (ultrasound stethoscope)
- Intermittent external electronic fetal monitoring for medical reasons
- Continuous electronic monitoring (internal or external)

**Pain relief**
- Emotional support from partner(s), friends, doulas, and staff
- Relaxation, breathing, comfort measures (Massage, position changes)
- Bath, whirlpool, or shower
- Medications, (narcotics) and/or anesthesia (epidural or other)
- Tens
- Intradermal sterile water injections

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*Continued*
### For Birth: Procedure or Practice and Options

#### Position
- Mother’s choice of position
- Caregiver’s choice of positions

#### Expulsion techniques
- Spontaneous bearing-down
- Directed pushing
- Prolonged breath-holding when breathing
- Gentle/exhale when breathing

#### Promoting descent and delivery
- Gravity enhancing positions
- Prolonged pushing on command
- Episiotomy
- Forceps or vacuum extractor

#### Covering the perineal area
- Undraped, mother may touch the baby during birth
- Drapes around the vagina and on abdomen and legs

#### Care of perineum
- Measures to maintain intact perineum and avoid a tear (Warm compresses, controlled pushing positions)
- Anesthesia before episiotomy
- Anesthesia after birth for stitches
- Ice packs immediately after birth

### After Birth: Procedure or Practice and Options

#### Cord Cutting
- Clamp and cut after cord stops pulsating
- Partner cuts cord
- Clamp and cut immediately
- Caregiver cuts cord

#### Maintaining uterine muscle tone
- Breastfeed baby
- Fundal massage by nurse or mother
- Medication to contract uterus

#### Contact between mother and partner or loved ones
- Regulated by mother
- Unrestricted visiting hours
### Baby Care: Procedure or Practice and Options

<table>
<thead>
<tr>
<th>Warmth</th>
<th>Vitamin K</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Baby skin-to-skin with mother, with blanket or heater over both&lt;br&gt;• Wrapped in heated blanket, held by parent&lt;br&gt;• In heated bassinet&lt;br&gt;• In special heated unit in nursery</td>
<td>• Oral doses&lt;br&gt;• By injection soon after birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate care</th>
<th>Infant Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Baby held by parents and suckled by mother, in parent’s arms for observation&lt;br&gt;• Near parents in bassinet or isolette&lt;br&gt;• In mother’s room for observation, weighing, and first bath&lt;br&gt;• In nursery for observation, weighing, and first bath</td>
<td>• Breastfeeding&lt;br&gt;• Formula feeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• At end of first hour of life&lt;br&gt;• Use of nonirritating antibiotic agent&lt;br&gt;• Refusal of eye care</td>
</tr>
</tbody>
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### Unexpected Events

If problems develop either during labor or afterward, you may have to let go of some of your preferred options, because more interventions may be necessary for safety. The following are some options that are usually available even under such circumstances.

### Cesarean Birth: Policy and Options

<table>
<thead>
<tr>
<th>Anesthesia</th>
<th>Contact between baby and mother/parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regional anesthesia (spinal or epidural)&lt;br&gt;• Regional anesthesia with premedication&lt;br&gt;• General anesthesia</td>
<td>• Partner stands and watches or photographs surgery and birth&lt;br&gt;• More then one supportive person present&lt;br&gt;• Partner not present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anesthesiologist or obstetrician explains events&lt;br&gt;• No description of events during surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presence of partner/others</th>
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</thead>
<tbody>
<tr>
<td>• Father or partner only&lt;br&gt;• Partner seated at mother’s head</td>
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</table>

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<tr>
<th>Presence of partner/others</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Held by partner soon after birth, where mother can touch and see&lt;br&gt;• Breastfeeding as soon as possible&lt;br&gt;• Baby taken to nursery for well-baby observation&lt;br&gt;• Partner remains with baby</td>
</tr>
</tbody>
</table>
## Childbirth Education Services

### Premature or Sick Infant: Policy and Options

#### Contact between baby and mother/parents
- Parents visit baby in special care nursery (as desired)
- Kangaroo care for premature baby
- Parents feed and care for baby as much as possible
- If baby is in another hospital from mother, partner goes with baby

#### Feeding when baby is able to swallow food
- Mother breastfeeds baby, if possible
- Mother pumps breastmilk and feeds baby by tube or bottle
- Formula feeding by parents
- Formula feeding by nurse

#### Contact with support group
- Initiated by parents, nurses or support group
- No contact desired

### Stillbirth: Policy and Options

#### Sedation
- Initiated by parents, nurses or support group

#### Conduct of labor and birth
- Participation in decision making and use of labor coping techniques
- Management left to hospital staff

### Death of a Newborn: Policy and Options

#### Contact with baby after death
- See and hold baby after death
- No contact with stillborn baby
- Obtain mementos (photograph, lock of hair, footprints, naming the baby)

#### Care of baby after the death
- Autopsy
- Spiritual services (baptism, memorial service and funeral)
- Burial or cremation

#### Mother’s recovery
- Recovery on postpartum unit
- Recovery in room separate from postpartum unit
- Early discharge
- Spiritual and grief counseling
- Contact with parent support group

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**Aurora Health Care**

*Aurora Health Care is a not-for-profit health care provider and a national leader in efforts to improve the quality of health care.*