

MY BIRTH PLAN

Mother Name: _____

Partner Name: _____

Support Person: _____

MY WANTS AND NEEDS

Our first preference is for a physiological vaginal birth of our baby with no interventions, however we understand that birth can be unpredictable.

The most important person in the birthing suite will be me, the birthing mother, and my wants and needs override all others.

If for any medical reason interventions or medical treatment is necessary, as per the RANZCOG guidelines "***Consent and Provision of Information to Patients in Australia Regarding Proposed Treatment – July 2019***" – Page 2 – ***Duty to Inform of Risks***", please provide us with all information so that we understand what is happening and why, and the likely outcomes.

I have also attached a copy of the **AMA Maternity Decision-Making Guidelines** that I wish to be a part of my birth plan.

I understand that it is the role of health professionals to share relevant, evidence-based information with me to assist in my decision making, and to gain consent for procedures. I also understand that my decisions, and any outcomes resulting from my decisions, are my own responsibility.

I understand that this birth plan, and my preferences, might change, and I will inform my care provider if I want to make any changes.

If my care provider recommends any changes to my birth plan I would like information about:

- the benefits and risks of the suggested change;
- whether I need to make the decision immediately;
- what may happen if I choose not to follow the recommendation.

Before making my decision, I would like to be left alone to discuss my options with my partner and support person/s.

Thank you for assisting us in the birth of our baby!

ON ADMISSION

- A birth suite located away from the main midwives' station;
- We request a midwife who will encourage me and support me to have a physiological vaginal birth;
- If I am not in active labour, then the choice to go home;
- I have hired a doula to support me as part of my birth team;
- Vaginal exams only during assessment to determine if in active labour;
- No vaginal exams if membranes have released;
- I will ask for any further vaginal exams;
- No rupturing of membranes without consent.

ENVIRONMENT

- Dim lights and blinds closed so the room is dark;
- Door closed and kept closed at all times;
- My own music or guided meditations;
- No unnecessary talking in the room;
- Changeover of midwife shift to be done outside of the room;
- I don't want the Obstetricians in the room, unless they are required for a medical reason;
- I will wear my own clothes.

COMFORT DURING LABOUR

- Do not talk to me, move me or touch me during a contraction;
- Active movements during labour (walking, rocking, fitball etc);
- Bed to be moved to the side of the room out of the way if requested;
- Access to bath and / or shower for pain relief;
- Intermittent foetal monitoring with Doppler;
- If continuous monitoring required, then telemetry monitor (wireless) or the Monica Novii Wireless Patch System;
- Labour and birth positions of choice;
- Use of essential oils as needed;
- Massage and techniques of comfort using a rebozo;
- Acupressure;
- Bean bag and / or mattress on the floor;
- Use of fit ball and peanut ball;
- Hypnosis and guided meditation;
- Left alone to sleep if able to do so.

MEDICAL ASSISTANCE

- All medical procedures fully explained – providing risks and benefits;
- Do not offer any pain relief – I will ask for it;
- No references to pain or pain level;
- The use of my own techniques for pain relief including TENS machine;
- The use of gas & air on request;
- Suggestions from midwife of other pain relief options when asked.

EPIDURAL

- Epidural as a last resort and only if requested;
- Epidural to be administered in later stages of labour, not early stages;
- Turn epidural off for the “pushing” phase or turn it down so I can move and get into birthing positions of my choice;
- I want to be supported to change positions during an epidural;
- The use of a peanut ball if epidural is used.

BIRTH

- Mother-directed pushing, no coached pushing;
- I do not want to push until the baby is visible in my vagina;
- Ability to touch the crowning head if I desire;
- No episiotomy unless I consent;
- Warm compress held against perineum by the midwife;
- If assistance is required, then ventouse as first preference;
- Forceps as a last resort;
- Photos and video of labour and birth;
- Mirror for me to see baby crowning / being born.

IMMEDIATELY AFTER BIRTH

- Do not announce the sex of baby – my partner or I will do this;
- Baby placed immediately on my abdomen or chest for skin on skin bonding;
- Do not cut the umbilical cord **UNTIL IT TURNS WHITE**;
- My partner to cut the cord;
- I will hold my baby until the placenta is delivered;
- Physiological birth of placenta – waiting up to 60 minutes;
- Actively managed third stage only if there is a medical reason to do so and cord to go white and then clamped before administering injection;
- If a paediatrician needs to check my baby, then the paediatrician to come to me and my baby while skin to skin, or the midwives to bring the baby cart over to the bed so I can see and touch my baby at all times;
- If baby needs to be taken to Special Care Nursery, then my partner will remain with our baby and my doula will remain with me;
- Uninterrupted skin to skin for a minimum of 1 hour;
- Weighing and measuring to be left until requested.

CAESAREAN

- Maternal assisted caesarean if possible, or a gentle / natural caesarean where the incision is made, and the baby is given time to gently work their way out in their own time;
- Birth partner to be present at all times;
- My Doula to be present in theatre to support me and my partner emotionally during caesarean using hypnobirthing relaxation techniques;
- Photos and video of birth;
- I would like the procedure described as it is happening;
- Screen lowered at birth so that I can see;
- My own music or guided meditation to be playing;
- Minimal number of people in the theatre room;
- No unnecessary talking;
- Immediate skin to skin contact;
- Delayed cord clamping for 3 minutes based on WHO guidelines;
- Vaginal swab taken and kept sterile then smeared over baby mouth, nose and body immediately after birth.

Mother Signature: _____

Partner Signature: _____

Date: _____