

# Lesson Six: Planning For Birth

*“The power of a birth plan isn’t the actual plan; it’s the process of becoming educated about all your options.” -Unknown*

## Welcome back, Mom, to Lesson Six!

In Lesson Five, we talked about common medical interventions and pain relief options available during labor. We also talked about the cascade of interventions, which is when other medical interventions are needed after the first intervention—a pain relief medication or another medication or intervention—is introduced. We also discussed the benefits and risks of common interventions.

In this lesson, we’re going to talk about creating your birth plan.

## Creating a Birth Plan

A birth plan is a written list of what is important to you in your labor and birth experience. It is important that everyone on your birth team, from your doctor to your support person, are on the same page to help you achieve your unique labor goals.

### Step 1: Choosing the support people

One of the first steps to planning a birth is choosing a support person or people. A support person can be a

- Partner;
- Mother;
- Family member;
- Close friend;
- Doula; or
- Whomever you want.

Your support person will need to make you feel relaxed and stress-free. They will also need to learn the comfort measures you want to use during labor. You are not obligated to have anyone in the room with you who will make you feel stressed out, even if they are your family members.

Continuous support from a good support person is vital in a good birth outcome. Good, continuous support can lead to shorter labors and the decreased need for pain medication, Pitocin, forceps, or a C-section.

### Step 2: Pain Medication Preference Scale

Next, you and your support person should look at the Managing Pain in Childbirth Chart to determine where you fall on the pain scale. Your support person needs to

know where you are on the scale, as well as your preferences. If your support person is vastly different on the scale than you are, you two need to talk about it to prevent potential conflict in the delivery room.

### **Step 3: Write down your preferences**

Write everything down that comes to mind when it comes to your ideal labor and delivery. It's important to get all your preferences, as well as anything you don't want to happen, down on paper. Just brainstorm and write it all out. After this, you can go back and organize your top priorities into an easy-to-read format, such as bullet points. Your birth plan needs to be easy to read at a glance because medical staff will not have the time to read through paragraphs of information when your labor actually starts.

### **Step 4: Give your birth plan to those who need it**

Finally, when you finish filling out the birth plan, give a copy to anyone who needs it, such as:

- Your medical provider, so they can discuss it with you and put it in your chart;
- Your support person(s) so they fully know your preferences; and
- Your labor and delivery team when you check into your hospital or birthing center (in case your medical provider doesn't deliver your baby).

## **What Goes into a Birth Plan?**

The following items can go into a birth plan:

### **During Labor**

- What is your preference for pain relief during labor?
  - Natural methods
  - Epidural
  - Injectable narcotic
  - Is there something you do not want?
- Who is allowed to be in the room, and for how long?
  - Family and friends while you are in early labor?
  - Only support person(s) during hard labor and delivery?
  - Whom do you not want in the room at any time?
- What type of room environment do you want?
  - Dim lighting
  - Battery-operated candles
  - Soft music

- What procedures would you like to avoid?
  - IV
  - Continuous monitoring
  - Medications

### During Pushing and Delivery

- What position(s) are you okay with?
  - Squatting
  - Semi-sitting
  - Hands and knees
  - Are there any positions in which you do not want to be placed?
- Do you want a mirror available to watch the birth?
- What procedures would you like to avoid?
  - Episiotomy
  - Assisted delivery by forceps or vacuum
- Are there any religious or cultural traditions related to childbirth that are important to you?
- Do you want your support person to cut the umbilical cord?
- Do you want delayed cord clamping?

### Postpartum

- Do you want immediate skin-to-skin contact with the baby after birth? There are many benefits to Mom and baby spending at least an hour together in skin-to-skin contact immediately after birth. The baby experiences less stress with skin-to-skin contact, and it regulates their body temperature, breathing, and heart rate. It also helps their instincts kick in and enables them to breastfeed more successfully. In addition, the mom experiences greater feelings of bonding and nurture, increased confidence, and a reduced risk of postpartum bleeding. Once skin-to-skin contact time has lasted about an hour, and the baby has had their first meal, they can be weighed, measured, and receive their vitamin K shot and eye ointment.
- Do you want immediate, uninterrupted time after birth for the baby to breastfeed?
- Do you want to delay newborn procedures for twenty-four hours to have immediate bonding time with the baby?
- Do you want the baby to receive a bath right away or wait twenty-four hours?

- What procedures are you okay with for the newborn? Discuss these with your provider using the BRAIN Method.
  - Antibiotic eye ointment, to prevent infection. (Undiagnosed bacterial STDs, such as chlamydia and gonorrhea, can be transmitted to the baby’s eyes during birth. Left untreated, the baby could face blindness. The ointment will cause temporary blurred vision but not any burning or stinging.)
  - Vitamin K shot, to help reduce the risk of a rare and unpredictable bleeding disorder. Mom can request a preservative-free version of the shot if she is concerned.
  - Circumcision, if the baby is a boy.
- Will you breastfeed or bottle-feed?
- Are you okay with the baby receiving a pacifier or formula during the hospital stay? Also, some birthing centers do not offer pacifiers or formula, therefore you will need to bring these items if you want your baby to have them.

### Special Circumstances

- In the case of a cesarean section (C-section), whom do you want in the OR with you?
- Do you want immediate skin-to-skin contact, if possible, after a C-section?
- If the baby is admitted to the Neonatal Intensive Care Unit (NICU), whom do you authorize to be allowed in the unit to see the baby?
  - Do you want to breastfeed or provide pumped milk?

### During the placenta delivery

Stage 3 of labor is when you expel the placenta. While this might sound strange, you have choices about your placenta, too, such as:

- Do you want to look at it?
- Would you like to take it home? (This is becoming more popular, and a mom might do this for cultural practices that involve burying the placenta or making it into capsules or other forms to ingest.)

You should only add the items into the birth plan that are important to you. If you don’t care about something, such as the lighting in the room, you don’t need to mention it in the plan.

Not all options may be available at the hospital or birthing center you’ll be using, so you should discuss your birth plan with your healthcare provider ahead of time.

Finally, your plans or desires may need to adjust during labor and delivery depending on the situation. Health conditions or concerns can arise suddenly, so you will need to be flexible.

## **Nurse's Note: Understanding the Birth Plan**

*A birth plan allows the expecting mother to communicate her labor and delivery and postpartum care wishes to her healthcare team. Creating a birth plan empowers a mother to become informed of all her options during labor and help her care for the baby after delivery. Once the birth plan is complete, the mother should review the birth plan with her healthcare provider. The mother's birth plan is also important to her healthcare team. Her healthcare team will want to know what is important to the expecting mother and how the team can best support her wishes, as this is one of the most exciting times in her life.*

## **Being Flexible During Birth**

It is okay for you to change your mind from what you have on your birth plan after labor and delivery starts. It's also okay to be flexible. For example, you can ask to labor in a tub even if it is not in the plan, but you later decide you want it. The birth plan is simply there to help you consider your options and voice your desires, but you can adjust the plan to fit your unique birth experience at any time.

Likewise, once the baby is born, you have the right to ask for delayed cord clamping even if it's not on the plan. Delayed cord clamping is when the provider waits until the cord stops pulsating before clamping it off. Research has demonstrated health benefits to cord clamping for preterm and full-term babies who don't have any significant health complications. According to the American College of Obstetricians and Gynecologists (ACOG), delayed cord clamping can increase a baby's hemoglobin levels and iron stores in full-term babies for the first several months of life. Additionally, it can improve transitional circulation in preterm babies, when the baby's blood circulates independent of the mom's (right after birth) and increases red blood cell volume, thus decreasing the need for a blood transfusion.

## **Nurse's Note: Mom's Flexibility During Birth**

*Once the birth plan is complete, the mother may alter her wishes during labor and delivery at any time, as well as with the postpartum care with her baby. The expecting mother controls her birth plan; however, she may need to be flexible, as situations may occur in which the healthcare team needs to depart from the plan to ensure the safest possible delivery. Having a second person who is aware and understanding of your desires and who knows your plan well can be extremely helpful. Often, when the mom gets in the intense moments of her labor, her thought patterns may be altogether different from when she came in. Ask questions of your healthcare team, create an open and honest environment, and be willing to listen to the reason for the changes that are being suggested. Remember, the goal of the healthcare team is to provide safety and well-being to both Mom and baby.*

Learning about your options and writing out your top priorities in an easy-to-read birth plan can help everyone give you the birth experience that is best for you and your baby.

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11) ACOG Committee Opinion 814, "Delayed Umbilical Cord Clamping After Birth," December 2020, The American College of Obstetricians and Gynecologists, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/delayed-umbilical-cord-clamping-after-birth>, accessed 12/17/21



## Managing Pain In Childbirth

Which statement best represents how you would like your pain managed during labor and delivery?

- I would prefer a completely natural birth without pain medications and interventions. In addition, I want to be supported using the comfort techniques I learn in childbirth classes. Therefore, I do not want to be asked about pain medication.
- I want to try to go medication-free. So, therefore, if I am coping and progressing, I do not want to be asked about pain medication, but I will ask for it if I feel I need it.
- I want an epidural or IV medication as soon as possible to keep pain manageable.

Check the box that best describes how you feel. Then, discuss with your support person. Discuss each other's fears and preferences and how to support what you want. If your partner or support person is unable or uncertain about supporting your choices, then consider an additional support person who can.

✓	Your Pain Preferences	Information	How Support People Help
	I want to be completely pain-free. I wish to receive anesthesia before the pain of labor begins.	<ul style="list-style-type: none"> <li>• This is an unrealistic desire.</li> <li>• You will have some pain, even with anesthesia.</li> <li>• You may not be able to get anesthesia when you want it.</li> <li>• You will have to abide by the hospital or birthing center's policies on when it may be administered.</li> <li>• There are interventions that happen with pain meds.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn, practice, and encourage coping techniques.</li> <li>• Agree to request medication for mom as soon as possible.</li> </ul>
	I fear labor pain and don't want to endure it. Give me pain medication as soon as possible and all throughout labor.	<ul style="list-style-type: none"> <li>• This is an unrealistic desire.</li> <li>• Pain medication could be delayed.</li> <li>• There are policies on the timing of doses.</li> <li>• There are interventions that happen when taking pain meds.</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss mom's and your fears and put pain management preferences in the birth plan.</li> <li>• Learn, practice, and encourage coping techniques.</li> <li>• Agree to request medication for mom as soon as possible.</li> </ul>
	I want pain medications as early in my labor as possible and before it becomes too painful.	<ul style="list-style-type: none"> <li>• Pain medication could be delayed.</li> <li>• There are policies on the timing of doses.</li> <li>• There are interventions that happen when taking pain meds.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn and help with relaxation techniques and comfort measures.</li> <li>• Agree to request medications when mom requests them.</li> </ul>
	I want to start with narcotics to keep my pain level low. Then I want an epidural in active labor.	<ul style="list-style-type: none"> <li>• There are policies on the timing of doses.</li> <li>• The anesthesiologist could be delayed.</li> <li>• There are interventions that happen when taking pain meds.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn and help with relaxation techniques and comfort measures.</li> <li>• Agree to request medications when mom requests them.</li> <li>• Ask for an epidural before active labor begins.</li> </ul>
	I want some pain medications, but I plan to use comfort measures for as long as possible.	<ul style="list-style-type: none"> <li>• There are policies on the timing of doses.</li> <li>• The anesthesiologist could be delayed.</li> <li>• There are interventions that happen when taking pain meds.</li> </ul>	<ul style="list-style-type: none"> <li>• Help with self-help measures.</li> <li>• Encourage mom to use comfort techniques and help her.</li> <li>• Request medications for mom if she requests them.</li> </ul>

	<b>Your Pain Preferences</b>	<b>Information</b>	<b>How Support People Help</b>
	I have no opinion or preferences on pain medications.	<ul style="list-style-type: none"> <li>• Learning about labor pain, comfort measures, and medications is wise.</li> </ul>	Learn and discuss: <ul style="list-style-type: none"> <li>• Labor pain</li> <li>• Comfort measures</li> <li>• Pain medications.</li> </ul>
	I want to avoid pain medications if I can. But if labor becomes too painful, I'd like to use as little medication as possible. So I won't feel guilty for taking it.	<ul style="list-style-type: none"> <li>• Learn coping techniques and comfort measures.</li> <li>• Learn about the side effects of pain medicines.</li> <li>• Enlist help of support person to help you keep focused.</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid suggesting pain medications to mom during labor.</li> <li>• Avoid talking mom out of them if she requests them. Instead, suggest half doses of narcotics or light epidural.</li> </ul>
	I don't want to use pain medications to avoid their side effects. I'll only use them if labor is complicated or lengthy.	<ul style="list-style-type: none"> <li>• Learn coping techniques and comfort measures.</li> <li>• Rely strongly on your support person.</li> <li>• Request a nurse who will help with natural labor.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare to play an active role in labor support.</li> <li>• Practice coping techniques and comfort measures.</li> </ul>
	I strongly desire nonmedicated childbirth. I'll be disappointed if I use any medications.	<ul style="list-style-type: none"> <li>• Learn coping techniques and comfort measures.</li> <li>• Rely strongly on your support person.</li> <li>• Request a nurse who will help with natural labor.</li> </ul>	<ul style="list-style-type: none"> <li>• Rehearse ways to help mom work through discouragement.</li> <li>• Practice comfort measures and coping techniques with her.</li> <li>• Do not suggest or encourage pain meds.</li> <li>• Prevent labor staff from suggesting pain meds.</li> </ul>
	I don't want pain medications at all. If I ask for them, I want my support team and labor staff to refuse and insist I continue without drugs	<ul style="list-style-type: none"> <li>• This is an impossible extreme.</li> <li>• Learn coping techniques and comfort measures.</li> <li>• Rely strongly on your support person.</li> <li>• Request a nurse who will help with natural labor.</li> <li>• Understand that staff cannot refuse your requests for pain medications.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore mom's reasons for her feelings on medical pain relief.</li> <li>• Rehearse ways to work through her discouragement if it happens.</li> <li>• Practice comfort measures and coping techniques with her.</li> </ul>
	I want no medication, even for a cesarean section.	<ul style="list-style-type: none"> <li>• This is an impossible extreme.</li> <li>• Learn coping techniques and comfort measures.</li> <li>• Rely strongly on your support person.</li> <li>• Request a nurse who will help with natural labor.</li> <li>• Staff cannot refuse your requests for pain medications.</li> <li>• There are situations in which pain medications are required, such as a C-section.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore mom's reasons for her feelings on medical pain relief.</li> <li>• Rehearse ways to push through her discouragement if it happens.</li> <li>• Practice comfort measures and coping techniques with her.</li> <li>• Learn the risks and benefits of pain medications.</li> </ul>

\* Adapted from the Penny Simkin Medication Preference Scale, Simkin, Penny, PT; Whalley, RN, IBCLC; Keppler, Ann, RN, MN; Durham, MSW, ICCE, LCCI; Bolding, PT, DPT, CD, CCE; "Pregnancy, Childbirth, and the Newborn The Complete Guide, 5th Edition, March 2016, Da Capo Press, Hachette Book Group, 1290 Avenue of the Americas, New York, NY 10104, www.dacapopress.com. Pages 427 – 430. Accessed 11/3/21



# The Birth Plan

This birth plan will get you started as you think about what you want for your labor and delivery.

Birth plan for \_\_\_\_\_ Phone \_\_\_\_\_

Support Person \_\_\_\_\_ Phone \_\_\_\_\_

Support Person \_\_\_\_\_ Phone \_\_\_\_\_

Support Person \_\_\_\_\_ Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Hospital or Birthing Center \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Important Health Conditions to Let Medical Team Know About:

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## During Labor

Room Environment (ex: music, dim lighting, flameless candles, etc.): \_\_\_\_\_

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People allowed in during labor: \_\_\_\_\_

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People not allowed in: \_\_\_\_\_

Labor aids (ex: birth ball, peanut, bath, shower, walking, etc.): \_\_\_\_\_

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Ability to eat or drink if permitted (Y/N): \_\_\_\_\_

Photos/videos during labor (Y/N): \_\_\_\_\_

## Medical Interventions and Procedures

Artificial Rupture of Membranes (Y/N): \_\_\_\_\_ IV (Y/N): \_\_\_\_\_

Medicine to induce or speed up labor (yes/no): \_\_\_\_\_ Assisted birth (Y/N): \_\_\_\_\_

Type of fetal monitoring (external/internal, continuous, intermittent, doppler-only):

\_\_\_\_\_

## Pain Relief

Natural Coping Techniques (3 Rs, massage, pressure, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Pain Intervention Wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-medical Pain Intervention Wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## During Birth

Who is allowed in during birth? \_\_\_\_\_

Mirror to watch the birth. (Y/N): \_\_\_\_\_

Specific birth positions desired \_\_\_\_\_

\_\_\_\_\_

## Postpartum (After Birth)

Who cuts the cord? \_\_\_\_\_

Who holds the baby first? \_\_\_\_\_

Delayed cord clamping (Y/N): \_\_\_\_\_

Umbilical cord blood donation or banking? \_\_\_\_\_

Immediate skin-to-skin (Y/N): \_\_\_\_\_

Immediate feeding (Y/N): \_\_\_\_\_

Breastfeeding or bottle feeding: \_\_\_\_\_

Lactation Consultation (Y/N): \_\_\_\_\_

Do you want to look at placenta after birth: \_\_\_\_\_

Keep and take placenta home (Y/N)? \_\_\_\_\_

Delayed newborn procedures (eye ointment, bath, Vit K shot) and for how long:

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Rooming-In with baby (all the time, delayed, partial, nursery): \_\_\_\_\_

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### **Special Circumstances**

In the case of a C-section, who do you want in the OR with you? \_\_\_\_\_

Do you want immediate skin-to-skin after the C-section? (Y/N): \_\_\_\_\_

If the baby is admitted to the Neonatal Intensive Care Unit, who do you authorize to be allowed in? \_\_\_\_\_

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Do you want to breastfeed or provide pumped milk in the NICU? \_\_\_\_\_

Would you allow your baby to receive donor milk from a milk bank? The milk bank screens, tests, analyzes, and pasteurizes the donor milk before dispensing for use in hospitals. \_\_\_\_\_

