



Pomegranate Midwives' Birth Plan

Planning for birth is like building your dream home ... you envision the ideal structure beforehand, and then once everything is underway you revision and redraw your blueprints as circumstances arise. Sometimes the final outcome looks very little like the original plan, but is no less beautiful.

In answer to our client's most common questions - as well as the numerous internet birth plans - we have written our own "birth plan" to help you know what to expect from us. Of course, the following is for a textbook spontaneous vaginal birth and your labor may demand a few variations, or a completely new plan!

Active labor

- Every attempt will be made for a midwife known to you to be designated your primary careprovider for labor, and to remain so until the birth is over. Certain circumstances may make this impossible, such as illness, injury, extreme fatigue, etc.
- When a student midwife has been part of your care prenatally, she will usually be available for additional continuity and hands-on care during labor
- Any and all proposed procedures will be explained and discussed, except in emergency situations, when permission will be assumed and every effort will be made to debrief and explain afterwards
- Internal exams will be minimized
- Intermittent monitoring of the fetal heartrate with handheld Doppler will be used every 15-30 minutes once you are established in active labor, unless medically indicated to use continuous fetal monitoring. During pushing, monitoring will increase to about every 5 minutes.
- If continuous monitoring is indicated, a cordless & waterproof monitor will be used (when available and appropriate) so you can still walk around and/or use water
- Movement and position changes will be encouraged throughout labor
- You will be reminded to drink as much as possible
- You will be encouraged to eat to tolerance to keep up your energy, unless medically inappropriate (such as with an epidural, during an induction, etc. – in these situations clear fluids may still be encouraged)
- You will be reminded to urinate frequently
- A calm atmosphere is our goal: low lights, soft voices, etc.
- Lots of verbal encouragement when needed
- As many support people as deemed appropriate by the laboring mother will be welcome - on the understanding that if the situation gets hectic and there are too many people to maintain a safe and supportive atmosphere, or if anyone is found to be hindering effective labour, some or all may be asked to leave
- Your other children are welcome at the birth, as long as they each have their own support person and the option to leave if they are bored, tired or frightened. They are also welcome to participate in whatever way you and they feel comfortable.
- You will not be shaved – except minimally for cesarean section only; (what you choose to do for yourself is fine!)
- Unless you have extreme constipation, you will not be offered an enema
- We will not offer you drugs. We trust that you know your options and will ask for what you need.
- There are a number of situations where induction of labor may be offered or advised. If any of these arise for you, we will discuss risks and benefits of all options to help you make an informed decision as to how to proceed.
- If your labour needs to be induced, or your contractions need stimulation to continue to be strong, more natural methods such as walking, nipple stimulation, positions, homeopathics, breaking your waters, etc, will be offered before pharmaceutical methods, unless deemed clinically inappropriate or not preferred by you.



- We will wait for your bag of waters to break on its own, unless a clinical reason indicates that artificial rupture (breaking the bag of waters) may be helpful or necessary
- IV fluids will only be used for medical indications, such as epidural use, administration of oxytocin, serious dehydration causing a slowing of labor, etc.
- If it becomes necessary to transfer the care of you or baby to a doctor, we will stay with you in a supportive role throughout active labor, birth and postpartum

Homebirth:

- A second midwife will be called to attend once the birth is judged to be imminent

Hospital birth:

- Until the birth is more imminent, or there is a clinical indication to transfer into the hospital, we will labor with you at home as long as safety and comfort allows (factoring in weather, traffic, distance to hospital, speed of your labor, etc.)
- If we have done a complete maternal and fetal assessment at home, we will phone ahead to let the hospital know we are coming. This way you can avoid the hospital intake process in the Assessment Room other than signing paperwork. As long as there is a room and a nurse available on our arrival, you will be admitted immediately.
- You will have a private room to labor in. It will have either a shower or a tub.
- A nurse will be present from second stage on, or if any interventions become necessary during active labor. During breaks and shift changes, this nurse will be replaced by another.
- You will have your choice of wearing your own clothes, a hospital gown, or nothing.
- During a normal delivery, you will be asked for permission before non-essential personnel are invited to be present (student nurses, interns, residents, etc.)
- We can communicate a desire for minimal medical student involvement but during medical consults or transfers of care made necessary by medical concerns or emergent situations, doctors may need the assistance of a resident, or a resident may be the first/only person available.

Optional:

- Continuous verbal encouragement and/or use of distraction techniques
- Silent birth
- Sterile water injections for back labor
- TENS machine for pain relief (to be arranged prenatally by parents)
- Homeopathics – for pain relief, to encourage progress, to help optimize fetal position in pelvis

Pushing

- Instinctive and spontaneous pushing, unless mother asks for direction or it is deemed clinically necessary to help speed the birth, then calm encouragement
- Frequent position changes
- Use of gravity-positive positions, squatting bar/birth stool where available
- Everything possible to help prevent tearing: positions, warm compresses, verbal coaching through crowning, etc.
- No episiotomy except and unless deemed absolutely crucial that the baby needs to be born quickly (about 1/1000 chance!)

Optional:

- Using a mirror to see when pushing
- Touching baby's head as it starts to emerge (mom, partner, etc)

Birth

- Unless requested, we will not announce the sex of your baby
- Unless there is an overriding clinical or practical reason not to, baby will be delivered onto mom's chest



- Third Stage Management [see handout] ... choose one:
 - Active Management (default)
 - Physiological management
 - Physiological Management unless risk factors develop, (then Active Management)
- Baby's mouth and nose will not be suctioned "on the perineum" (i.e. when only the head is out)
- Suctioning of baby after birth will be avoided except where medically necessary
- The cord will not be clamped and cut until it has stopped pulsing (at least a number of minutes), unless there is a clinical or practical reason to do so
- As much skin-to-skin contact as possible with mom will be encouraged. Failing that, then skin-to-skin with partner
- Breastfeeding will be initiated as soon as possible

In the event of birthing in the OR (forceps or cesarean):

- Midwife and one support person chosen by mom to be present after regional anesthetic effectively placed - in the event of general anesthesia, hospital policy is to not allow support people including partners in the OR
- Baby and mom to be reunited as soon as possible – depending on the hospital this may average 10 minutes or 2 hours

Optional:

- Waterbirth (only possible at home or BC Women's)
- Mom or partner to catch the baby
- Donation of cord blood – needs to be arranged by parents before 32 weeks
- Lotus birth (not cutting the cord at all)
- Mother's choice of who to cut the cord (except in OR, or emergent situation)
- Placenta to be shown to the parents
- Placenta to be kept by parents
- If it's necessary for baby to be taken to the nursery, partner to go with baby
- Eye ointment – if chosen, not usually given until parents have had appropriate bonding time
- Vitamin K – if chosen, usually given during breastfeeding to minimize pain to baby

Postpartum

- Delay of the Newborn Exam until parents have had bonding time, if possible
- Test results recorded on Newborn Summary, accessible to parents through midwives (includes time of birth, Apgar scores, weight, length, head circumference, etc.)
- If hospital birth, discharge as soon as mother and baby clinically stable and ready to go home... on average 4-6 hours after a normal, vaginal delivery with no drugs
- MW home/hospital visit shortly before/after 24 hours
- Exclusive breastfeeding will be supported: donor milk where available; formula to be used only for medical reasons; cup/syringe feeding instead of artificial nipples
- Rooming in with baby, unless needing to be in the nursery for medical reasons
- Feeding on demand (including guidelines to recognize when baby is demanding to be fed)
- Circumcision is not done in the hospital, and must be arranged and paid for privately by the parents if they want it done
- 24/7 pager availability for serious concerns
- 3-4 home visits in the first week
- 2-3 clinic visits in first six weeks
- Flexible visit schedule, geared to mom & baby's needs

Optional:

- Longer hospital stay for special circumstances/convenience



Now that you know what is “standard” or “routine” for midwifery care, you can create a birth plan that is more personal and specific to your needs and desires. As a communication tool, it only needs to include your unique wishes or priorities, not what is standard to care.

Sample Birth Plan

Name Jane Pegggers	Support people
Due date 1 Jan 2010	Family/friends Eli (partner)
Planned place of birth <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital	Doula Eve
Hospital(s) registered at BC Women's	Big brother/sister Hannah (age 5)
	+ support people Sarah (grandmother)
Pomegranate: 604-255-5556	
Midwives Janice Forman 320-9888	
Lehe Elarar 640-8604	
Kat Montgomery 893-5556	
Celina Laursen (student)	

Introduction

This is our first pregnancy, as Hannah is adopted. We have been trying for years to get pregnant and are very excited to share this experience with each other and our caregivers.

Priorities

Since I find baths very relaxing, I plan to use water for comfort, and I would love to have a waterbirth if possible

- My partner would like to help catch the baby
- I would like my midwife, or whoever is the first to see the sex of the baby to call it out
- When the cord is cut, I want to say a short Jewish prayer of welcome
- I have elected Vitamin K for my baby
- NO eye ointment, thanks

Preferences for Unexpected Events

We recognize that everyone's first priority is a healthy mom and baby.

- I would like my partner to stay with me at all times if possible. If baby needs to be transferred to the nursery, we would like to go visit her/him as soon as I am able.