

Better Birth Plan

Mother's Name: _____ Partner's Name: _____

Due date: _____ GBS: _____ GDM: _____ Additional medical: _____

Contact number(s) _____ Doctor/ Midwife: _____

Birth location: _____ Doula/Birth Attendants: _____

In the absence of a medical emergency, I prefer:

During Stage 1 (Labor)

- | | |
|--|--|
| <input type="checkbox"/> To be fully consulted on my medical situation before any intervention | <input type="checkbox"/> Pain management:
_____ |
| <input type="checkbox"/> Labor to start naturally; to avoid artificial induction | <input type="checkbox"/> Minimal number of vaginal exams |
| <input type="checkbox"/> To go home if not in active labor (cervix is less than 4 cm dilated) | <input type="checkbox"/> To avoid augmentation; Use Pitocin only if clear medical need |
| <input type="checkbox"/> To avoid routine IV | <input type="checkbox"/> To be consulted on before rupturing of membranes |
| <input type="checkbox"/> To eat and drink as needed throughout labor | <input type="checkbox"/> Wear my own clothes |
| <input type="checkbox"/> Intermittent fetal and maternal monitoring | |
| <input type="checkbox"/> Do not offer me pharmaceutical pain relief | |
| <input type="checkbox"/> _____ | |

During Stage 2 (Birthing)

- | | |
|--|---|
| <input type="checkbox"/> To labour & birth in position of my choice | <input type="checkbox"/> _____ to catch/receive the baby |
| <input type="checkbox"/> To refrain from forceful or coached pushing | <input type="checkbox"/> _____ to announce baby's sex |
| <input type="checkbox"/> Decline routine episiotomy | <input type="checkbox"/> Delayed/ immediate umbilical cord clamping |
| <input type="checkbox"/> Perineal support in the form of massage, oil, counterpressure | <input type="checkbox"/> _____ to cut the cord |
| <input type="checkbox"/> _____ | |

During Stage 3 (Placenta)

- | | |
|---|---|
| <input type="checkbox"/> The placenta to be released physiologically (no traction or pulling on cord) | <input type="checkbox"/> To keep the placenta |
| <input type="checkbox"/> Expectant/ active management of post partum bleeding | <input type="checkbox"/> I will bank cord blood |
| <input type="checkbox"/> _____ | |

After the baby is born I prefer:

- | | |
|---|---|
| <input type="checkbox"/> Immediate skin-to-skin bonding for at least 1 hour | <input type="checkbox"/> _____ should stay with baby at all times if I am unable to |
| <input type="checkbox"/> Vitamin K to be administered as injection/ orally after the 1 st hour | <input type="checkbox"/> I would like early discharge if at hospital |
| <input type="checkbox"/> To delay / opt-out of antibiotic eye ointment | <input type="checkbox"/> Circumcision |
| <input type="checkbox"/> Baby's exams should: Be done in my presence/Be done after we've bonded | <input type="checkbox"/> Wash the baby at home |
| <input type="checkbox"/> _____ | |
-

C-section Birth

I prefer the following for a mother and baby centered C-section (if the situation permits)

During surgery:

- Prepare for microbiome seeding: 1. Incubate gauze in vagina for at least 1 hour, 2. Extract gauze before C-section. Keep it sterile, 3. Expose newborn with gauze (face, nose, mouth, ears, genitals and anus)
- Non-drowsy medication. I want to be alert throughout and when I meet my baby
- Facilitate immediate skin-to-skin contact: arms free, chest free, upper body mobility, monitor leads on back
- Explain the surgery as it happens
- Reinforce my uterus using double (dissolvable) suture and sutures externally instead of staples
- I would like _____ present at the birth

Upon meeting my baby:

- Please lower the screen/use clear screen so I can see the baby emerge
- Have the baby emerge slowly to allow some benefit as in a vaginal birth
- Delayed umbilical cord clamping and cutting
- We will keep the placenta
- Immediate skin-to-skin contact with me or with partner
- To delay/ opt out of Hep B vaccine
- We will bathe the baby at home

Feeding:

- Please facilitate early breastfeeding and breastfeeding on demand
- If immediate breastfeeding is not possible, I'd like assistance in pumping and feeding the baby breastmilk

We thank you in advance for your kind support and assistance towards a beautiful and positive birth.

Birth Attendant's Appendix

In the absence of a medical emergency, I prefer:

During Stage 1 (Labor)

- | | |
|---|---|
| <input type="checkbox"/> Adjust the room environment (lighting, privacy, low voices etc) to promote healthy labor | <input type="checkbox"/> Pain management: |
| <input type="checkbox"/> Music (headphones/played aloud) | _____ |
| <input type="checkbox"/> Videotape/Record the process as I see fit | _____ |
| <input type="checkbox"/> _____ | |

During Stage 2 (Birthing)

- | | |
|---|---|
| <input type="checkbox"/> Touch baby's head as it crowns | <input type="checkbox"/> Use mirror to see the baby |
| <input type="checkbox"/> _____ | |

During Stage 3 (Placenta)

- | |
|---|
| <input type="checkbox"/> To have the placenta shown & explained to me |
| <input type="checkbox"/> _____ |

After the baby is born I prefer:

- | | |
|---|--|
| <input type="checkbox"/> Do not give: Sugar water/Formula/Soother | <input type="checkbox"/> I would like a private room |
| <input type="checkbox"/> _____ | |

C-section Birth

I prefer the following for a mother and baby centered C-section (if the situation permits)

During surgery:

- | |
|--|
| <input type="checkbox"/> Videotape/Record the process as I see fit |
| <input type="checkbox"/> _____ |

Upon meeting my baby:

- | |
|---|
| <input type="checkbox"/> To have the placenta shown & explained to me |
| <input type="checkbox"/> _____ |

Feeding:

- | |
|--------------------------------|
| <input type="checkbox"/> _____ |
|--------------------------------|