

## **(RE)BIRTHING COLLECTIVE**

*Doula Services, Childbirth Education & Prenatal Yoga*

[www.rebirthingcollective.org](http://www.rebirthingcollective.org)

### **Long Version Birth Plan**

This guide is an extensive overview of your options for your birth. Depending on your caregiver(s) and where you choose to give birth and some of these options may not be available. Many women find it helpful to ask questions about their caregivers' protocols and procedures now, so that they know what to expect during their birth.

By expressing your birth preferences to your caregivers, you can communicate what is important to you in your birth experience. Without a birth plan, your caregivers will assume you have prepared for your birth through childbirth classes and will default to their routine protocols and procedures.

In writing, it's helpful to draft a long plan that includes everything you feel is important. This helps your entire birth team get on the same page, understanding what kind of birth you desire. As your doula, I cannot speak for you. I can only reiterate or remind you of those wishes you have expressed to me in advance.

Later, you can condense these thoughts into a one-page plan that you will hand to your caregiver(s) during your labor. The intent of the plan is not to create an adversarial relationship, but to clearly state what you feel is important. Your plan (and your words) will be best received if your caregiver senses they would have your full cooperation in the event of a medical emergency.

**Before our first meeting, please review the list and note anything that you feel strongly about or would like to talk about further.** We will discuss this list at our first prenatal meeting. We will talk about how to simplify your plan into a one-page plan you can hand to your caregiver. You may want to refer to the sample plan at the end of this document.

### **Birth Preferences**

**Please mark all items that are important to you, or that you have questions about.**

- **Items in green can be left out of your final plan.**
- **Items in blue, if important to you, should remain in your final plan.**
- Other items should remain in your final plan if you feel strongly about them.

#### Pre-admission

We request:

- **To consider induction only if onset of labor is unusually delayed and if there is medical urgency**

- To be given time to use natural means of induction, considering gels, Pitocin drip or other procedures as a last resort
- To remain at home as long as possible before going to the hospital

### During Admission

We request:

- To elect wheelchair assistance or to walk to room
- To decline routine IV Prep upon admission; mother will keep well hydrated
- To return home until labor progresses further if less than 4 cm dilated and other factors do not warrant admission
- To have a private birthing room with subdued lighting and drawn drapes for both labor and birthing
- To bring a CD player and have soft, lulling music in background
- To have the following persons present during my birthing
  - Partner or spouse
  - Relative
  - Doula
- To decline discussion on pain tolerance and pain levels. If your job requires you to ask what my pain level is, please fill in a number based on your experience.
- To have telephone inquiries relayed to my room
- No calls, messages only

### During First Stage (early and active labor)

We request:

- The patience and understanding of medical caregivers to refrain from any practice or procedure that could unnecessarily stand in the way of our having the most natural birth possible
- Only necessary hospital staff or cheerful observers, please. We ask that staff honor our need for quiet and refrain from references to “pain,” “hurt,” or any offer of medication unless requested.
- Husband/birthing companion and other labor support person present at all times
- To be free of blood pressure cuff between readings
- In the absence of a medical necessity, only intermittent monitoring of baby’s heart with fetoscope/Doppler or manual use of EFM
- No internal monitoring in the absence of fetal distress
- To continue to consume fluids and light foods, including yogurt, herbal teas, broth, toast, crackers
- To snack nutritiously if labor is prolonged to prevent acidosis
- Freedom of choice to walk and move or not during labor
- To change positions and assume labor positions of choice
- Vaginal exams at parental request only please, to reduce the risk of infection and avoid premature rupture of membranes
- No exams until after 8-9cm if membranes have ruptured early in labor
- To allow labor to take its own course without reference to “moving things along”

- To use natural oxytocin stimulation in the event of a stalled or slow labor – nipple or clitoral stimulation – and to be accorded the uninterrupted privacy to do so
- **To be fully apprised and consulted before the introduction of any medical procedure**
- **No augmentation of labor via Pitocin, amniotomy, or stripping of membranes without discussion and explanation of need**
- To enjoy labor tub or shower prior to ROM and even after if hospital policy permits
- To have a light dose or “walking epidural” if mother chooses to use pain medication.
- Other requests:

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### During Second Stage (birthing your baby)

We request:

- The patience and understanding of medical caregivers to refrain from any practice or procedure that could unnecessarily stand in the way of our having the most natural birth possible
- To remain in tub for water birthing if available
- To take as long as mother needs, so long as mother and baby are doing well
- **To allow mother’s instinct to facilitate the descent of the baby, as much as possible, with mother-directed pushing or breathing techniques without staff prompts**
- To birth in an atmosphere of gentle encouragement during the final birthing phase without coaching. Please – calm, low tones, free of “Pushing” prompts
- To assume a pushing and birthing position of choice
- Use of birthing stool, squat bar, hands and knees position for pushing and birthing
- **Use of oil and hot compresses on perineum to help avoid tearing**
- **To decline perineal massage.**
- **Decline episiotomy unless medically necessary and only after consultation and explanation of need**
- **Use of topical anesthetic if episiotomy is needed**
- Baby to be placed immediately on mother’s abdomen unless there is a medical emergency
- Use of suctioning device rather than forceps if assistance is medically necessary
- Suctioning of baby’s nose and mouth only if medically necessary
- That care provider allow for complete birthing of baby before suctioning baby
- Videotaping of birth
- Use of mirror to enable me to see crowning and birth
- To have other children present either during or shortly after birth
- To have mother, parent or other birth companion to help “receive” baby if at all possible
- Partner/father to remain with baby at all times in the event of a surgical birth or other medical need which would separate mother and baby
- Allow for natural placenta delivery – up to 45 minutes
- **Immediate breastfeeding to assist in natural placenta expulsion**
- Uterine massage to assist birth of placenta

- Natural nipple stimulation to assist in birth of placenta
- No cord traction please!
- No Pitocin to speed the delivery of placenta unless there is an emergency need

### Infant Care

We request:

- To have bright lights temporarily removed or turned down until baby is moved to mother chest
- To allow vernix to be absorbed into baby's skin; please delay cleaning
- To refrain from vigorous rubbing or stimulation of baby unless there is a medical need – please use a soft cloth
- To delay cord clamping and cutting until after the cord had stopped pulsing; until all blood has reached the baby
- Father/Birth partner would like to cut the cord
- Cord to be cut by attending care provider after it has stopped pulsing
- Allow baby to remain with mother and/or birth companion for bonding – 2 hours
- Delay all baby procedures for 2 hours to allow us time for bonding
- All baby procedures to be done in parent's presence, preferably as much as possible to be done while baby is on mothers' body
- Oral vitamin K to be used if available, if not, delay injection for 2 hours for optimal bonding
- Please use soft cloth or blanket between baby and scale
- To give baby's first bath. Please show us how.
- For male baby, we request no circumcision
- For male baby, we request circumcision
- Father will stay in room with mother and baby for entire hospital stay
- To have footprints made for the baby's birth book
- To allow baby to find the breast by instinct or to crawl to the breast for good breastfeeding start
- Breastfeeding several times during the first few hours after birth
- No artificial nipples or formula introduced to baby at any time without our explicit consent
- I would like a lactation consultant to assist me if I need help with breastfeeding
- Other requests:

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PHOTO HERE

Hello, this is the birth plan for XXXXX.

We planned to give birth at XXXX, so if you are finding us here, it is because our plans didn't work as we hoped. However, we know of the good relationship between our midwives and the XXXX staff, and are confident that we will have a positive birth experience.

We have a few requests that we'd like to make, and we realize that if there is an emergency there may be a need to adjust our plans. **Our number one priority is for us to be fully informed of the risks, benefits, and alternatives of all proposed interventions, medications, and treatments, and that we be given time to consider them before giving consent. This applies to the treatment of the baby also.**

Labor:

- Please do not offer mom any drugs for pain, she will definitely ask if she needs them.
- We would like our midwife and doula to remain with me at all times including in the case of a C-section. If the baby needs to be taken to the nursery we would like for either dad or the midwife to accompany the baby.

Vaginal Delivery:

- Mom would prefer to tear naturally and asks that an episiotomy not be performed.
- We request the clamping and cutting of the cord be delayed until pulsing has stopped (unless there is a medical need to do otherwise) and for dad to cut the cord.
- We ask that the baby be placed on mom's chest after the delivery and that you delay routine exams to allow time for bonding and breastfeeding. If for some reason mom is unable to hold the baby, please give the baby to dad for skin-to-skin contact.
- We would like a physiological delivery of the placenta with no pulling on cord or uterine massage until the placenta is delivered.

C-Section

- If a C-section is necessary, we request a low transverse cut if possible, that sutures be used instead of staples, and a double-layer suture be used to maximize the chance of a future VBAC.
- In addition, we request that soft voices and lower lights be used during the operation, and that the cord cutting be delayed till it has stopped pulsing. If skin-to-skin contact with mom is not possible, then we request the baby have it with dad and that you delay routine exams to allow time for bonding and breastfeeding.

Newborn care:

- Mom has tested negative for Gonorrhea and Chlamydia, so we are declining Erythromycin eye ointment for the baby.
- We are declining the Hepatitis B vaccine.
- Mom will be breastfeeding so we request no formula, pacifiers, or bottles be given to the baby unless this has been discussed and cleared with us first.
- No treatment/interventions to the baby without our consent even if you have to wake us up.
- If for any reason the baby were to need antibiotics we want them administered in our room.
- We prefer the baby be given the first bath at home, so we ask that the baby not be bathed in the nursery and that instead we be taught the best way to do so ourselves.

Thank you for taking time to read our birth plan. We trust we are in good hands!