

EXAMPLE BIRTH PLAN

An Excerpt from Well Adjusted Babies

introduction

The following pages outline some considerations for your birth plan. As an example, we have included our first birth plan that was used at the birthing centre. Remember that this will be your birth experience, so take from these pages what feels right for you and your partner. Write your own birth plan, discuss it wholeheartedly, re-write it and then be confident when implementing.

“Staffing problems may lead to stressful and tired midwives, who may be required to look after two or three women in labour at once. When close observation and support cannot be provided there is greater reliance on electronic foetal monitoring and epidural anaesthesia in order for the system to cope.”

If you are planning your birth at a hospital or birthing centre, remember that midwives and doctors will most likely be attending the needs of other couples as well. In certain situations you may need to remind them of your birth plan and your objectives. You will also need to ensure that you have enough support available during your birth, i.e. enough birth team members.

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By having enough loved ones present and your own private midwife, if your labour does take an unexpected detour, you will have plenty of reassurance and guidance.

The Australian Births in Victoria 1999-2000 report found that only 1 in 3 babies were born without intervention, and that women in private hospitals have more elective caesareans, forceps deliveries, epidurals and episiotomies than mothers in public hospitals.

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E. D. Hodnett

OUR BIRTH PLAN

as an example

For Baby Floreani, Jennifer Barham-Floreani and Simon Floreani

We have chosen this birth centre due to the positive open-mindedness of the team of midwives and their encouragement to create our own individual birth environment. We look forward to giving birth to our baby and trust in the knowledge and experience of these midwives.

Both Simon and Jennifer are chiropractic doctors and have a strong preference for a natural labour. Having both studied obstetrics and gynaecology, should the need for any intervention arise we wish to be given as much medical information as possible and to be kept fully informed.

Below is a list of our preferences. We understand that all our requests presume a normal straightforward labour and birth.

SUPPORT TEAM

- Simon Floreani (father)
- Jan (private midwife)

BIRTH ENVIRONMENT

- We wish to create a warm, dark, relaxed and loving environment.

PAIN MANAGEMENT

- We wish to focus on natural forms of pain management, unless otherwise requested.

FIRST STAGE

- Contact with Birth Centre.
- Utilise active birth positions and natural pain management.
- Utilise homeopathic aids.
- Vaginal examinations only to be performed if necessary or requested.
- Intermittent monitoring of baby's heart rate, preferably by trumpet rather than sonic aid. If continuous electronic monitoring is necessary (if baby seems at risk), we will request monitoring be stopped after twenty minutes if baby proves to be fine. Intermittent monitoring will then be resumed, as we would like to maintain upright active positions.
- Given maximum time to birth naturally.
- No artificial methods of augmentation unless requested (if requested, started at lowest dose possible).

GUIDING PRINCIPLES FOR A NATURAL ACTIVE LABOUR AND BIRTH:

- To focus on the safety of baby and mother foremost
- To maintain a calm and centred birthing environment
- To be given maximum time to birth naturally
- To utilise natural pain management
- To make our birth as smooth and gentle a transition as possible for our baby, from the womb to the outer environment

SECOND STAGE

- Encouragement to progress naturally without time limits and utilise active birth methods.

CROWNING

- Assistance in slow delivery of baby's head.

BIRTH

- For lighting to be kept low and noise levels to be minimal and kept at whispers.
- Slow delivery of baby's head with no traction or rotation.
- We would prefer Simon to deliver the baby.
- Baby to have skin-to-skin contact with both parents.
- Ideally we don't want the cord clamped or cut until requested. We would prefer if possible to clamp the cord a few hours after the placenta has been delivered.
- Could we please discover the sex of our baby ourselves rather than have it announced.

THIRD STAGE AND POST-NATAL

- This will be a very special and emotional time and we would like to be left in private for a period, if this is appropriate, thank you.
- We do not wish to utilise any artificial methods to initiate or speed up third stage and again would like maximum time frames.
- Please save the placenta for us to take home.
- If suctioning of the baby's airways is necessary or additional oxygen is required, please do so with cord still attached and baby against mother, if possible.
- We would appreciate if Apgar and any other checks be delayed and performed in front of us.
- If baby needs to be separated, Simon is to stay with baby.
- No vitamin K or hepatitis B to be administered.

MOST IMPORTANTLY:

OUR PREFERENCES IF THERE ARE COMPLICATIONS

If intervention is required please give us all the necessary information and time to make our decisions.

FIRST STAGE

- If INDUCTION is required after exhausting all natural methods, we would prefer to try the Prostaglandin gel initially. If oxytocin is needed, please start dose as low as possible (i.e. 5 units) and gradually increase if necessary. Once contractions are established, please do not increase dosage.
- We would prefer not to have continuous Electronic Foetal Moni-

CHECKLIST FOR FIRST STAGE:

- warmth
- music
- flowers
- darkness
- aromatherapy
- laughter
- to keep active
- massage
- hot towels
- emotional support
- shower/bath
- homeopathics
- call birth centre
- active positions

toring (EFM). If it proves necessary, please monitor for only 20 minutes if the baby is fine. Thereafter, monitor intermittently and if possible with sonic aid rather than EFM.

If EFM is required we would like support in being able to continue to adopt upright and active positions and movement.

SECOND STAGE

- If an EPIDURAL is required we would prefer an infusion given as a minimal dosage (that will provide only a brief period of analgesia and that will not numb the legs) so that we can adopt good strong upright birthing positions. Our objective would be to still have an active vaginal delivery.
If an epidural is in place we would request extra time for crowning so that if the urge to push is not there once fully dilated, we can wait for the head to descend into birth canal and try resting before commencing 'active' pushing.
- In the event of FORCEPS, unless mother or baby are distressed please keep cord attached and unclamped. Baby is to be placed on mother's chest to wait for natural delivery of the placenta.
- In the event of CAESAREAN, our preference for anaesthesia is a local rather than general anaesthetic. Simon Floreani and Jan Ireland to be present. We would like the option to have voices hushed and baby's eyes to be shielded from the light.
- Please let us discover the sex of our baby. We would prefer to avoid a morphine drip in the time following the birth so that Jennifer can remain alert and give the baby the FIRST breast feed (even if colostrum needs to be expressed). Baby to please remain in theatre during suturing (swaddled for warmth).

THIRD STAGE

- Simon Floreani to go with paediatrician for medical contact and to maintain bodily contact with baby. Jan to stay with Jennifer.
- Please do not give our baby supplementary or complementary feeds unless requested. No vitamin K or hepatitis B injections to be administered please, or any medical intervention unless requested.
- Please save the placenta for us to take home.
- If suctioning of the baby's airways is necessary or additional oxygen is required, please do so with baby against mother.
- We would appreciate if Apgar and any other checks be delayed and still performed in front of us.
- If the baby is STILLBORN or is VERY SICK, procedures to be fully explained and for one of us to stay near the baby at all times. If baby does not survive we wish to be left undisturbed for as long as we need with our baby and with support people present.

CHECKLIST FOR SECOND STAGE, BIRTH AND THIRD STAGE:

- birth stool
- homeopathic aids
- breathing reminders
- warm flannels on perineum
- use of mirror
- private time
- do not cut cord until requested
- no vitamin K or hepatitis B
- baby to stay with parents
- Apgar and other tests in front of parents

*Thank you for your time and consideration
of our birthing preferences.*

other products

WELL ADJUSTED BABIES

Known to be the new parenting bible. Offering the most unique collation of cutting-edge information and knowledge on holistic parenting — all in the one book! *Well Adjusted Babies* is a unique guide for holistic parenting from pregnancy through to early childhood.

WHICH FOODS WHEN

This compact brochure outlines *Well Adjusted Babies* essential dietary guidelines for strengthening your child's health. This booklet provides a month by month guide for when to introduce various foods to minimise the risk of allergies and sensitivities. With it's handy Which Foods When wall-chart, this an important resource for all new parents and parents-to-be, and perfect as a valuable hand-out at health-food stores and health clinics.

THE BBB PILLOW

The BBB Pillow is an indispensable, quality product that compliments your practice and brings added comfort to all pregnant and post birth clients.

WAB AUDIO

Each chapter of Well Adjusted Babies is packed with extremely useful information. Due to popular demand, we will soon be offering a selection of individual chapters as MP3 Audio downloads.

WHICH FOODS WHEN COOKBOOK

A stunning, extended coffee-table edition of Which Foods When, which includes many simple, delicious recipes for your infant as well as important nutritional information.

DISCLAIMER

Well Adjusted Babies addresses a number of health issues, and countless published papers, articles and books have been sourced. These have been compiled as accurately as possible within the limitations of human nature.

The contents of Well Adjusted Babies – such as text, graphics, images, studies and information – are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

This information is not meant to prevent, alleviate, or cure any disease or disorder. Always seek the advice of a holistic-orientated physician, doctor of chiropractic or other qualified health provider with any questions you may have regarding a medical condition.

Please do not disregard professional medical advice or delay seeking it because of something you have read in this book or in our suggested website links/resources.

The purpose of this information is to compliment, amplify, and supplement other text. You are urged to read all the available material, learn as much as possible about pregnancy, subluxations, chiropractic, health and wellness, and tailor the information to your individual needs.

Every mother, pregnancy, unborn child, and family are unique with individual health needs.

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