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the day you go into labour (NHS 2018a). Or you may want to avoid an induction or c-section, only to find out that this is safer for your baby. Try to think of your birth plan more as a "birth wishlist". It lays down your hopes for the birth, and provides a useful guideline for your midwife or doctor. Researching a birth plan is also a great way to learn more about what to expect on the day. But you and your birth partner should still prepare yourselves for the possibility that you may need or want to make some adjustments on the day (NHS 2018a). When the time comes, your midwife or obstetrician will recommend what they think is the best and safest option for you and your baby (NHS 2018a). You can also change your mind about anything on your birth plan at any time (NHS 2018a). You don't have to write a birth plan, but if you do, your midwife will help you (NHS 2018a). If you're not sure about a certain procedure, or if you prefer to keep your options open, talk to your midwife and then write it down. Your birth plan is personal to you and should reflect your wishes and preferences (NHS 2018a). You may want to add details about your midwife will have your midwife will ha information as you can before you start (Which nd): Join your local antenatal classes (NHS 2018b), or there are also private classes available through the NCT. You can also sign up for BabyCentre's free online antenatal classes in our community. If you know anyone who's given birth recently, ask them about their experiences (NHS 2018b, Which nd). If possible, talk to mums who have given birth in different options, helping you work out what's best for you. Talk to your partner or the person who will be your birth partner (NHS 2018a). Make sure they fully understand the type of labour and birth you'd like to have. How do they see their role? Of course, you can also find out more about your options, and what to expect on the day, by reading all about labour and birth on BabyCentre. Once you've spoken to a few people and researched your choices, jot your birth wishes down on a piece of paper, as they come to mind. You can tidy them up later. Your midwife may give you a special form for your birth plan, or there may be room in your maternity notes, and try to keep them nearby at all times in late pregnancy (NHS 2018a). That way, you'll know you have them on hand when you go into labour. If you are having a planned c-section, you can still write a birth plan (Tommy's 2019). Even if you're planning on having a vaginal birth, it's a good idea to think about what might happen if a c-section ends up being the safest thing for your baby (Which nd). Read more about caesarean birth plans. It's completely up to you how much information you want to include (Which nd). You could just jot down a few notes about the things that are most important to you, or put together a more detailed plan (Which nd). Here are some headings you could use in your birth plan. Choose which ones which ones which are important to you, and feel free to add extra headings for anything else that comes to mind. Where to give birth Your birth options will depend on what's available in your area, and how your pregnancy is going (NHS 2018a). In general, there are three main choices available: in hospitalat a birth centreat home (NHS 2018a) Your midwife can give you more information about your options, and help you decide which is best for you (NHS 2018a). This birth choice tool can also help you more information about your options, and help you find out what's available. Your birth partner Say who you want to have with you in labour. Do you want this person (or people) to stay with you all the time, or are there certain procedures or stages when you'd prefer them to leave the room? Would you like to talk to your birth partner in private about any interventions that are suggested? And would you like to talk to your birth partner in private about any interventions that are suggested? And would you like to talk to your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested? And would you like your birth partner in private about any interventions that are suggested. would like to use during labour and for your baby's birth. Also say how active you would like to be. Would you like to remain upright and mobile for as long as possible? Or perhaps you'd prefer to be upright in bed with your back propped up with pillows? Or you could specify that you want to lie on your side, be kneeling on all fours or standing or squatting (NHS 2018a). Pain relief Say what kinds of pain relief, you may prefer to try gas and techniques that are often used to help with labour pain, such as: It's also worth noting down if you plan to use hypnobirthing techniques to help you cope with labour pains (Tommy's 2018). If there are any types of pain relief you'd prefer to avoid using, make sure you write them down, too. Speeding up labour If your labour slows down, or is proving to be very long, do you want your midwife to break your waters or give you hormones to speed it up? Or would you prefer to wait and see what happens naturally (WHO 2014)? Birth pool, or if you're hiring one to use at home, write down whether you want to use it for pain relief or to give birth in, or both (NHS 2018a). Other equipment Your hospital or birth centre may have wall bars, birth balls, mats or beanbags for use during labour. Or you may need to bring equipment in from home. Make a note of the type of equipment you would like to use in your plan (NHS 2018a). Monitoring your baby's heart rate If your pregnancy is straightforward your midwife will monitor your baby's heart beat about once every 15 minutes (then every five minutes once you're in the pushing stage (Payne 2015)), using a handheld device (intermittent monitoring) (Which nd). If there are any concerns about your health or the health of your baby, you may be offered continuous monitoring at a hospital instead (Which nd). Talk to your midwife about which option is right for you, and note your decision in your birth plan (NHS 2018a) Episiotomy If you're at risk of experiencing a severe tear as your baby is born, your midwife can make a small cut in the skin around your vagina (episiotomy), to reduce further tearing (NHS 2018a). Talk to your midwife about whether you're happy to have an episiotomy if necessary, or you'd rather try to avoid one if at all possible (Which nd). Cord clamping After your baby is born, the umbilical cord will need to be clamped and cut. This used to happen immediately after the birth, but these days it's recommended to wait at least one to five minutes, or until the cord stops pulsing (delayed cord clamping) (Tommy's 2017). This allows more blood to flow to your baby, giving him extra iron and boosting his immune system (Tommy's 2017). You can also say whether you'd like your partner to cut the cord (Which nd). Third stage (delivery of the placenta) Once your baby is born, your midwife may offer you an injection to speed up the delivery of the placenta, particularly if you're in a hospital (NCT 2018). This is called a managed third stage. You can choose to have the injection no matter where you give birth, or you may prefer to have a natural (physiological) third stage without drugs (NCT 2018). Talk to your midwife about which option might be right for you, and write your choice in your birth plan (NHS 2018a). Skin-to-skin contact You may wish for your baby to be placed directly onto your tummy after the birth, so you can see and touch him straight away. Not only is this great for bonding, but it can also help to calm your baby, regulating his heart rate, breathing and temperature (Unicef nd). However, some women prefer for a midwife to clean their baby and wrap him in a blanket before meeting him for the first time (NHS 2018a). Feeding your baby Be clear about whether you want to breastfeed or formula-feed, or both (NHS 2018a). nd). Also be clear about whether your breastfed baby is allowed to have any bottles of formula. If you definitely don't want him to have formula, say so (Which nd). Vitamin K Once your baby is born, your midwife will offer to give him an injection of vitamin K. This vitamin is important for blood clotting. All babies are born with low levels of vitamin K. and some babies don't have enough to help their blood clot (NHS 2018a). That's why doctors recommend that all newborn babies have the injection. If you don't want your baby to have the injection, it's possible for him to have vitamin K by mouth instead, though he'll need more doses (Tommy's 2019). Medical professional training In some cases, you may be asked whether you're happy to have a trainee midwife, doctor or nurse observe your labour (NHS 2018a). This is an essential part of their training, and they'll always be supervised by a more senior member of staff, but you're completely free to say in your birth plan if you don't want them to attend when you give birth (NHS 2018a). You may have special requirements that you want to mention in your birth plan. If you have a disability, write about the help you'll need in labour (NHS 2018a). Say whether there is any special equipment that would assist you. If English isn't your first language and you need an interpreter, say so. Also let your midwife know if you need a sign language interpreter (NHS 2018a). Include any religious requirements, such as customs you'd like to be carried out when your baby is born (NHS 2018a). Write all of these things down. Health professionals are committed to being culturally sensitive and treating you as an individual. Show your birth plan to your midwife and ask her to go through it with you (NHS 2018a) during one of your antenatal appointments. Your 36-week appointment is often the ideal time for this. Discussing your plan with your midwife will give you the chance to ask questions and find out more about what will happen when you go into labour. Also, by listening to your preferences, your midwife will get to know you better and understand what's important to you (NHS 2018a). Be sure to go through your pirth plan very thoroughly (Which nd). If your birth partner knows your wishes, he can advocate for you and help you get the birth experience you want (Tommy's 2019). Though a birth plan is helpful, labour and birth are unpredictable. Your midwife or doctor may need to recommend a different course of action at any time, which may not be what you had originally hoped for. But any changes will always be in the best interests of you and your baby (NHS 2018a). More on preparing for labour NCT. 2018. Third stage of labour: delivering the umbilical cord. NCT, Labour & birth. www.nct.org.uk [Accessed June 2019] NHS. 2018a. How to make a birth plan. NHS, Health A-Z. www.nhs.uk [Accessed July 2019] NHS. 2018b. Antenatal classes. NHS, Health A-Z. www.nhs.uk [Accessed July 2019] Tommy's, 2015. Intrapartum fetal monitoring. Patient, Professional Articles. patient, info [Accessed December 2019] Tommy's, 2017. Delayed cord clamping. Tommy's, Pregnancy information. www.tommys.org [Accessed December 2019] Tommy's, 2018. Hypnobirthing. Tommy's, Pregnancy information. information. www.tommys.org [Accessed July 2019] Tommy's. 2019. Making your birth plan. Tommy's, Pregnancy information. www.tommys.org [Accessed July 2019] Unicef. nd. 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