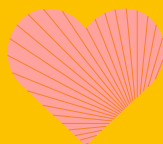


Making it Your Own:

Birth Preferences for a Positive Birthing Experience



Where to Start?

At the moment, you may or may not have any preferences. There may be a few things you are sure about, or you may just want to go with the flow. In any case, it's good to have some information on what to expect and to note how you feel about it. You may get this information through:

- Attending the Childbirth Class
- Talking to other women who have given birth
- Knowing your hospital's birth philosophy and policies
- Discussions with your doctor/midwife

Reasons to write your Birth Preferences

- To get educated and feel empowered
- To trigger a dialogue with your doctor/midwife
- To get your partner to know what you want
- To ensure the best possible experience
- To think of different scenarios that may arise



Will things go my way ?

Labour is unpredictable, and every labour has its own unique strengths and challenges. It is hard to "plan" a birth! At the same time, it is good to discuss the various options and your choices around them. Your preferences will be valued, if situations deviate from the plan, your midwife/doctor will discuss and recommend a course of action prioritizing you and your baby's well-being.

"Every birth will unfold with its own uniqueness. You have the power in this journey to make it a positive experience and emerge as a strong and confident mother"

Make It Your Own!

This brochure provides information on how things generally happen and what could be offered under certain circumstances.

Read through and fill out the attached checklist.

Birth Companion

Think about who will be with you during labour. Do you want this person to stay with you at all times, or prefer that they leave the room during certain procedures? Does this person share the same thoughts and preferences? Would you like to have a birth partner/doula to help you during labour?

Labour is an intimate and private affair; oxytocin, the hormone produced during labour, is a shy hormone and doesn't work well when it's being watched.

There may be a few people who would like to help you during labour but it's best to limit it to one person with whom you would feel absolutely comfortable.



During Labour

Environment

Comfort and privacy enhance the hormones of labour. Having the lights dimmed, soothing sounds, positive images and aromatic oils promote deep relaxation in labour.

Movement and Mobility

We encourage and support you to move around, walk and take positions which are comfortable to you and help progress labour. You could use the birthing ball, birthing chair, squat bars, mats and cushions.

If more monitoring is required for you and the baby, then you may have some restrictions on positioning and movement.

Monitoring

Monitoring is done in labour to make sure that the mother and baby are coping well. For the baby, the heart rate pattern is recorded. For the mother, her contractions, temperature, blood pressure and pulse rate are monitored. The frequency of this monitoring depends upon the mother's and the baby's health during pregnancy and any conditions that may arise during labour. Monitoring could be done in the position where the mother is in or she may be asked to lie down, if necessary.

If the need arises, continuous fetal heart rate monitoring, fetal blood sample and a scalp electrode may be placed for additional monitoring.

Non-Pharmacological comfort measures

Pain during labour is one of the most feared aspects of childbirth. Educate yourself about the purpose of pain in labour and explore the different options available for pain relief.

Natural Options

You may have practiced or learnt in childbirth class some techniques such as relaxation, massage and breathing. You could also ask for hot or cold compress. A warm shower and sitting in the birth pool are also comforting. Depending on your condition you could utilise all the options mentioned.



Medications

You may try Entonox gas, a mixture of oxygen and nitrogen. It may not take all the pain away but it can help to reduce it and make it more bearable.

You could also request for pain relieving medications such as Pethidine, Fentanyl given through IV or Tramadol given intramuscular.

You have the option to request for an epidural. An epidural numbs the sensations from the belly downwards. It provides good pain relief but you may still feel some pressure. You may be able to walk with support and adopt different positions. Keep in mind that, along with the epidural, you may need an IV, a urinary catheter, fetal heart monitoring and you may not fully feel the urge to push.

Interventions during labour and birth

Most of the low-risk expectant mothers would go on to birth naturally and do not require help in the form of medical procedures during labour and birth. But sometimes, despite the hopes and best-laid plans, things don't go quite smoothly. Sometimes nature ends up needing a little help in the form of medical interventions – whether it's something to nudge labour along or even get labour started or a procedure to help ease a baby out.

Giving some thought in advance to the possibility of these interventions and discussing your concerns ahead of time may help you cope with them more effectively. In the event of a true emergency, it's best that your midwife/doctor makes decisions along with you in the best interest of you and your baby. And finally, being prepared for the unexpected is an expectant mom's best policy, and something you'll do well to remember once you become a parent!

Induction and Augmentation of labour

Mostly, labour will begin by itself but sometimes your doctor may recommend inducing labour – bringing it on artificially for reasons which could pose a risk to the mother or the baby. Augmentation is done to stimulate and strengthen the contractions. There are different methods used for inducing and augmenting labour. These include:

- Sweeping of membranes – during a vaginal examination the doctor or midwife makes a circular movement with their finger to separate the membranes of the amniotic bag from the cervix. This action releases hormones called prostaglandins which prepare the cervix for birth and initiates labour.
- Inserting prostaglandin gel into your vagina – synthetic forms of prostaglandin hormone are inserted in the vagina close to the cervix to soften it and start labour.
- Mechanical cervical ripening uses a small plastic catheter to help soften and open the cervix.
- Breaking your bag of waters (artificial rupture of membranes) involves a doctor or midwife inserting an instrument into the vagina and

through the open cervix, to gently puncture the membrane holding the amniotic fluid. This allows the baby's head to press down on the cervix, increasing the release of hormones and contractions.

- Using a hormone in a drip: Oxytocin is a hormone your body produces naturally in labour. It makes the uterus contract. Giving synthetic oxytocin (Syntocinon) through an intravenous (IV) drip helps start or increase/strengthen the contractions.

Episiotomy

The perineum is the area of the skin and muscle between the vagina and the anus.

An episiotomy is a cut made by a midwife or doctor in the perineal area through the skin and muscle layers to enlarge the opening of the vagina.

A restricted use of episiotomy is practiced. It is done when the baby's heart rate is abnormally high or low during pushing; if forceps are needed or for other reasons if the baby needs to be born more quickly and it is not done routinely.

Assisted Birth

An assisted birth uses an instrument (forceps or ventouse) to birth the head of the baby. Forceps are specially designed to fit safely around the baby's head and guide it through the birth canal. Ventouse is a suction cup that fits on the baby's head and is sometimes used instead of the forceps.

This may be required in conditions such as :

- The baby is distressed during the pushing stage of labour.
- The mother is exhausted and can't push any more.

Caesarean Section

A Caesarean is an operation where an incision (a cut) is made through the abdomen and uterus to deliver the baby. A Caesarean may be done as an 'emergency' if during labour there is some concern for the health of the mother or baby. It may also be 'planned' if it is not safe to go into labour or if it is not safe to wait for labour to begin.

Your partner is encouraged to be with you during the C-section unless an emergency arises. A regional anaesthesia is generally given to numb the abdomen and legs alone so that the mother is awake to see and feed the baby sooner. The baby is brought to the mother as soon as possible and is kept skin-to-skin and breastfeeding is begun at the operating table.

Other Interventions

Evidence does not support interventions such as performing an enema to clear the back passage and shaving of the pubic hair and these are not routinely practiced.

Pushing and Birth of Your Baby

Spontaneous pushing in a position of the mother's choice is encouraged. If need be, the mother would be directed on how to push and what position to take. A mirror could be requested to view the crowning and birth of the baby.



Water Birth

This safe birthing option is considered gentler for the baby and less stressful for the pregnant mother. She may push and deliver the baby while in the pool. The baby will take its first breath only with a change in temperature when its face, mouth, and nose come into contact with air. The midwife / doctor will decide if it is safe for the mother to use the birthing pool for labour and / or birthing.

After your baby is born

Skin-to-skin with your baby, delayed cord clamping, allowing your partner to cut the cord and immediate breastfeeding is recommended. You could also try breast crawl with your baby. In case the baby needs any help, a paediatrician checks the baby first and then the baby is brought to the mother. Vitamin K injection is administered to the baby at birth. Also, an oxytocin injection is administered to the mother to avoid excessive bleeding and help in birthing the placenta.



Suturing the perineum, if required, is done without hindering mother-baby bonding. If the mother is interested, she could request to see the placenta and take a placental print.

BIRTH PREFERENCES CHECKLIST

Please fill in the following details:

Name: _____

Partner/Spouse name: _____

MR No. _____ Date: _____

Desired Hospital:

☐ FH – BG ☐ FH – HG ☐ STORK HOME – BH

Name of the Midwife: _____

Name of the Consultant: _____

I have attended the childbirth classes: ☐ Yes ☐ No ☐ I would like to

I have met a midwife: ☐ Yes ☐ No ☐ I would like to

I have met a lactation counsellor: ☐ Yes ☐ No ☐ I would like to

Birth Companion

You can have 2 people with you. Please fill in their names below:

1. _____ 2. _____

Have you booked for Doula services* ☐ Yes ☐ No

Name of the doula _____

Have you booked for Additional Labour Support Services* ☐ Yes ☐ No

(* For more information on these services please contact front desk)

Anything else you would like us to know:

During Labour

Environment

Tell us what you think and if you plan to bring some things along with you.

- ☐ I would like the lights dimmed
 - ☐ I plan to bring my own music (phone/pendrive)
 - ☐ I plan to bring images with positive affirmations
 - ☐ I plan to bring along aroma oils
-

Movement and Mobility

What are your thoughts on movement and positions?

Have you practiced any positions? ☐ Yes ☐ No

Is any position comfortable or uncomfortable for you?

Monitoring

- ☐ I am comfortable with monitoring as required

Let us know if you have any concerns or thoughts on monitoring for you or your baby

Non-Pharmacological Comfort Measures

I would like to try all natural pain relief options

- ☐ Massage ☐ Birthpool
- ☐ Breathing Techniques ☐ Visualisation/Attention Focus
- ☐ Hot/Cold Compress ☐ I would like to try all natural pain relief options

Pharmacological pain relief

- ☐ I would like to try Entonox and injectable preparations before requesting an epidural
- ☐ I do not wish to use epidural or other pain relief medications

Anything else you would like us to know:

Interventions during Labour and Birth

- ☐ I understand the procedures are going to be offered to me if need arises
- ☐ I have some concerns and thoughts on some of the interventions and I am listing them below:

Pushing and Birth of your Baby

Let us know if you prefer a pushing position:

After your Baby is Born

- ☐ I prefer delayed cord clamping
- ☐ I prefer my partner to cut the cord

I would like to bank the cord blood

- ☐ Yes ☐ No

I need more information to decide

If yes, name of stem cell bank _____

Any other concerns or thoughts you would like to share about any procedures after birth or about feeding your baby:

USE THIS SPACE IF YOU LIKE TO ADD ANYTHING / YOU COULD ALSO ATTACH AN EXTRA SHEET IF NEEDED

The health care provider's signature means that I have talked about this birth plan with my health care provider and both the provider and I understand it. It does not promise that the birth plan will be followed as written. The labour, delivery and postpartum experience may change to help ensure the safety of mother and baby during the hospital stay.

Health care provider's signature: _____ Date: _____

My signature means I understand my Birth Plan may need to be changed for my safety and/or the safety of my baby.

Patient's signature: _____ Date: _____

NOTES

[illegible]