Childbirth Education Program:
Creating a Birth Plan

A Birth Plan communicates your preferences and goals for your labour and birth. It can provide clarity for yourself, your support team and care providers.

Labour and birth are unique to each parent and baby so your birth plan will work better if it is flexible. There may be times when changes or an intervention is recommended to keep you and your baby safe; however, we work in partnership with you and support informed decision-making.

When making decisions or considering your options of care there is a simple tool you can use, to help you gain clear information, this is known as the **BRAINS** acronym:

|  |  |
| --- | --- |
| B | What are the **B**enefits of doing this? |
| R | What are the **R**isks of doing this? |
| A | Are there any **A**lternatives? |
| I | What is your **I**nstinct saying? What is the potential **I**mpact of doing this or not doing this? |
| N | Does it need to be done **N**ow? |
| S | Provide **S**pace and **S**upport to make this decision? |

There's no right or wrong way to write a birth plan.

You may want to write a few basic dot points highlighting things that are most important to you, or you may want to fill in a more detailed form. We have attached a simple form to give you some ideas; please feel free to make it your own.

We encourage you to spend time discussing your vision for labour and birth with your support person, and talking to your care providers for input or advice.

Birth plan

Use this page to identify your preferences for your labour and birth.

Share your plan with your support team, and the midwives/doctors supporting you.

|  |  |
| --- | --- |
| Your name: |  |
| Support person’s name: |  |
| Support person’s contact number: |  |
| Name of Doula or Midwifery Student (if applicable): |  |

## Birth Environment:

[ ]  Dim Lighting

[ ]  Quiet Music (create a playlist if you like)

[ ]  Aromatherapy (bring your own oils)

[ ]  Space and support for active positioning

[ ] Other: 

**Pain Relief:**

[ ]  Please do not offer me pain relief – I will request it

**Pain relief options I will consider:**

[ ]  Gas [ ]  Sterile Water Injections

[ ]  Morphine [ ]  Epidural

**Positions for birth I may like to use are:**

[ ]  Water birth

[ ]  Reclining on the bed or floor

[ ]  Side lying on the bed or floor

[ ]  Kneeling on all fours or upright position

[ ] Other: 

**Natural ways to work with labour:**[ ]  Massage / Acupressure

[ ]  Relaxation / Deep Breathing

[ ]  TENS (hired or purchased during pregnancy)

[ ]  Hypnotherapy/Calmbirth® (practiced)

[ ] Shower [ ]  Bath [ ]  Fit ball

[ ]  Hot or cold packs [ ]  Active positioning

[ ] Other: 

## Things I would like at my birth:

[ ]  To touch my baby’s head when it crowns

[ ]  A mirror to view the pushing and birth

[ ]  Warm compresses used on my perineum

(Standard practice to prevent perineal trauma)

[ ]  To personally discover my baby’s sex

[ ]  For my support person to assist the birth

[ ]  Delayed cord clamping

(standard practice if baby well)

[ ] Other: 

## Immediately following birth, I would like:

[ ]  Skin to skin for at least an hour

[ ]  To cut my baby’s cord

[ ]  My support person to cut the cord

[ ]  Physiological management of third stage

[ ]  Active management of third stage

[ ]  To take my placenta home

[ ] Other:



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## Thank you. We look forward to supporting you throughout your labour & birth!

## Please share with us anything else that is important for you:

**In case of an assisted birth**

**(Vacuum, forceps, caesarean):**

[ ]  Support person present

[ ]  Skin to skin as soon as possible

[ ]  Delayed cord clamping

(Standard practice if baby well)

[ ]  Assistance to breastfeed as soon as possible

[ ]  Opportunity to debrief

[ ] Other: 