

## **Putting Together a Birth Plan**

The third trimester is time to start thinking about delivery. Different women have different ideas about how they want their delivery to go. Birth plans can help you express those ideas. Even though it is called a birth plan, the intention is more to communicate your preferences for your labor and delivery. There are many variables that can affect your labor and delivery, and it is difficult to plan for everything. If you try to manage every detail you are likely to drive yourself nuts and not look back at the process fondly. We recommend you think about and discuss the following issues before you go into labor. First of all, it will bring issues up that you haven't considered before and will help you make decisions. Secondly, you can put these preferences into writing because you might not be in the mood to discuss them with your labor team when you are actually laboring. Please remember a few issues when making your birth plan. First of all, every person is different—don't feel you need to copy your friend's birth plan. Secondly, this is not a binding agreement. This is a list of desires that might change depending on the situation. Thirdly, keep it short and sweet—obstetric folk lore says the longer the birth plan, the more likely it is to go wrong.

Factors to consider for your birth list:

### **Labor:**

- 1) Who do you want there? Do you want your entire family or just your partner? Make these desires known before you go into labor—if need be we can help keep unwanted friends and family in the waiting room.
- 2) What do you want with you? Your favorite CD? Your own birthing ball? Something to use as a focal point? Your own clothing?
- 3) What do you want for pain control? It can range from “I don't want anything and don't even offer it” to “Give me my epidural NOW!”
- 4) What do you want to do while you are in labor? Do you want to get in the Jacuzzi? Do you want to walk? Do you want to try aromatherapy? Do you want to labor in different positions? Do you want continuous or intermittent monitoring? Do you want to avoid a continuous IV?

5) What are your preferences about induction? This is a good one to ask your doctor about.

**Delivery:**

- 1) Do you want to be photographed or videotaped during this time?
- 2) Who is cutting the cord?
- 3) Do you want your baby on your chest after delivery or do you want it cleaned first?
- 4) Do you have any objections to the medications given the baby?

**After birth:**

- 1) Are you planning on breast or bottle feeding?
- 2) Do you want to room-in with the baby or get some sleep?
- 3) Do you want your baby to have a circumcision if it is a boy?

These are just some of the factors to consider. If there is anything else you want included, please go ahead and include it. There are some sites on the internet that will help you compile a birth plan. Please realize that some of these birth plans are pretty broad because they cover hospital, birthing center, and home deliveries. Also realize that some areas of the United States are more labor friendly than others. You will have a hard time convincing a labor nurse in Denver to shave you and give you an enema, but some other cities this is not the case therefore it is on their list. Also, episiotomies are not routine in this practice. On the flip side, hospital policy says you will have to have IV access even if you are not hooked up to an IV pole the entire time (the time to place an IV site is before an emergency, not during one).

Write or type your list and make several copies. Please bring one with you to a visit so you can review it with the doctor. We can also attach a copy to your prenatal records when they are sent to the hospital. Put a copy in your labor bag in case the other copies don't make it to the hospital before you do. With having a birth plan in place, you will be better able to communicate your desires for your delivery with your providers and birthing team.