



GUIDE TO COMPLETING YOUR BIRTHPLAN

Childbirth is one of life's most special events. We want your birth experience to be as safe and satisfying for you as possible. Your surroundings and the people present can make a difference on how your labour and birth progresses. You can help us to help you by preparing a birth plan. Use this guide as you prepare your birth plan. Think about whom you would like to share your baby's birth. We will try to follow your plan as much as we can; but sometimes unexpected events happen. Asterisked items (*) are items we would like all clients to complete. You may leave sections blank if you have no strong feelings about the topic.

*INTRODUCING YOURSELF

Tell us a little about yourself and your partner. Explain why the birth plan is important to you. For example, you may want to tell the staff such things as: if your pregnancy has been pleasant and healthy; if you have had difficulties; if you have a fear of childbirth, hospitals or if you have any cultural or religious preferences, traditions or special needs. Do you have any diet preferences? Are you part of a research study? Are you participating in stem cell collection?

*SUPPORT PEOPLE

Please list the support person who will be with you during labour and birth and their relationship to you. You may also want to have an alternate or second support person with you. You may want to indicate when you want them with you. For example, you may need them present and close all the time, or you may want them to leave during vaginal exams, procedures, hard labour or birth. Are there any stressful family dynamics that we need to know about? Are there people you do not want at the birth? The nurse can help you more effectively if they have this kind of information.

MOST IMPORTANT ISSUES, CONCERNS OR FEARS

We would like to know your most important concerns. Do you have any special concerns or fears that we should know about? How can we help you? Examples might include: togetherness of your family (your main support person, others, your new baby); unmedicated birth or labour free of medical intervention,

including you in all medical decisions; maintaining control - what control means to you. Do you have preferences for the atmosphere (humorous, quiet, etc.) or environment (light, dark, music, or special equipment)?

You may not have any particular fears or concerns, but if you do, this is your opportunity to discuss these with the staff and, if possible, why you have these concerns. For example, you may worry about the pain of labour and how you may behave or cope; you may have issues with modesty; you may fear losing control. Sometimes negative previous experiences play a part in these fears.

*CONTROLLING PAIN

Is there anything about you we should know that would help you? How do you see nurses helping you (i.e. stand back and let partner do it, offer suggestions, encouragement, or help out with comfort measures, massage and breathing)? If you would like, you can use the Pain Preference Scale below to let us know how you feel about coping with your labour. Are you planning on using alternatives to pain medication (such as relaxation, patterned breathing, massage, TENS, movement, etc.)? How would you describe your feelings about pain medication and/or regional anesthesia (epidurals) during labour?

MEDICAL INTERVENTION DURING LABOUR OR BIRTH

We try to use as little medical intervention as possible. Our policy is to use medical intervention when indicated rather than just in case it might be necessary later. We do not routinely shave pubic hair or give enemas.

INTRAVENOUS FLUIDS are usually used to treat very long labours or dehydrated labouring women. Certain medical procedures require intravenous fluids, for example to receive certain medications or if you require a Cesarean section. You are encouraged to drink fluids and eat light snacks in early labour. You should keep drinking fluids during labour if possible.

FETAL ASSESSMENT Your baby's well being needs to be assessed during labour. For this reason, we will use the fetal monitor when you first arrive for about 20 minutes. Some medical

PAIN PREFERENCE SCALE The following is a number scale of possible feelings about controlling pain in labour. The nursing staff will assist you in determining which pain management options will most benefit you and your newborn.

Number	What it Means
+10	Desire to feel nothing; a desire for anesthesia before labour begins.
+ 9	Fear of pain; lack of confidence that I will be able to cope; dependence on staff for pain relief.
+ 7	Definite desire for anesthesia as soon as in labour as the doctor will allow it, or before labour becomes painful.
+ 5	Desire for epidural anesthesia before transition (7-8 cm dilation). Willingness to cope until then, perhaps with narcotic medication.
+ 3	Desire to use pain medications, but would like as little as possible. Natural childbirth is not a goal.
0	No opinion or preference
- 3	Would prefer that pain medications be avoided, but only if labour is short or easy.
- 5	Strong preference to avoid pain medications, but will accept medications for difficult labour.
- 7	Very strong desire for natural childbirth, for sense of personal gratification as well as to benefit baby. Will be disappointed if use medications.
- 9	Wants medication to be denied by staff, even if I ask for it.
- 10	Will not use medication even for cesarean delivery.

situations require continuous fetal heart rate monitoring. If you have a low risk pregnancy and your baby's heart rate pattern is stable, then we will assess the baby by Doppler or fetal monitor every 5 minutes to 1-hour depending on how active your labour is.

AUGMENTATION OF LABOUR There are alternatives to medications to speed up your labour. These include walking, showering or bathing, rupturing the membranes and sometimes pain medication.

VAGINAL EXAMS Vaginal exams need to be done when a medical decision must be made about pain medications, the need to augment labour, when it is time to push, or to update your progress. You may want to be examined to find out about the progress of your labour. Usually an exam is done when you arrive in labour.

SECOND STAGE & DELIVERY

Nearly all vaginal deliveries occur in our birthing rooms using the birthing beds. Women may deliver in stirrups. Other positions for delivery are sidelying or semisitting. We encourage frequent position changes to enhance the progress of second stage. If there is no pressing need for immediate delivery of the baby, your care provider will work to avoid an episiotomy. They need your cooperation in listening to them when it is time to slow your pushing efforts.

PUSHING What are your preferences for the type of pushing you will do or positions for pushing and for delivery? The nurses will assist you and your partner to find out what works best for you. Would you or your partner like to cut the cord? Do you want the baby hold the baby immediately following the birth? Do you want to identify the sex of your baby yourself? Are you planning picture taking after the birth? Do want some time alone as a new family?

CESAREAN BIRTH

We usually have 1 support person for a cesarean birth, due to space limitations in our operating room. They do not have to watch the operation, but can hold the baby after the pediatrician's examination. What are your preferences for your partner's presence?

For most cesarean births, either a spinal or an epidural anaesthetic is used. Medication may be given during the surgery after delivery to help calm you or to alleviate nausea. This may affect your alertness in recovery with your baby. A catheter is required for a cesarean birth and is inserted into your bladder after you have been given the medication for anaesthesia.

Postpartum pain relief after the cesarean may be achieved by epidural analgesia, the placing of medication in the epidural space during surgery. After the epidural medication has worn off there will be pain medication ordered for you.

Would you like explanations of the procedure? Would you like the baby held up so you can see her immediately after birth? Would you like your partner to hold the baby so you can see your baby while the surgery is being completed? The baby is sent to the nursery with your support person and you may have the baby in recovery. Would you like to breastfeed in the recovery room?

***PHONE CALLS**

The Queensway-Carleton Hospital is not allowed to give out any information about you to inquiring relatives or friends. It would help us if you explained these limitations to those people who care about you. However, we can transfer calls into your birth room if the time is appropriate for you.

AFTER YOUR BABY IS BORN...

***MOTHER BABY 24 HOUR COMBINED CARE**

Keeping your newborn in the room with you will help you to quickly know your baby and to gain confidence in your parenting skills. Rooming in often does not disturb your sleep more than having the baby in the nursery. You may have your baby 24-hours a day.

***YOUR BABY'S DOCTOR**

Have you selected a doctor for your baby? Who? Does he/she have privileges at Queensway-Carleton Hospital? If the baby's doctor you have chosen does not work at Queensway-Carleton Hospital or you have not yet chosen one, then we will use the services of the Queensway-Carleton Hospital On-Call Paediatrician during your baby's stay. If you are planning to go home within 24 hours after you deliver please let your baby's doctor know you are considering this.

***INFANT FEEDING**

Will you be breast or bottle feeding your baby? To facilitate the best start with breast-feeding, our policy is to encourage early (during recovery) and frequent feedings (on demand, when your baby shows hunger cues, as often as every 1-3 hours). In order to enhance your baby's learning how to breastfeed and to help get your milk supply in as soon as possible, our policy is to avoid supplemental feedings. If a medical condition occurs (low blood sugar, infection, or jaundice) supplementation may be indicated to ensure your baby gets adequate fluids and calories. This will be discussed with you.

NEWBORN PROCEDURES

The nursing staff will be checking temperature, pulse and breathing, performing a physical exam, weighing and bathing your newborn. At one hour of age Erythromycin eye ointment and Vitamin K injection are given. At 24 hours of age, your baby will have a PKU and thyroid test. Do you have any concerns about these procedures? Would either you or your partner like to be present to do the bathing?

***EDUCATIONAL NEEDS**

What are your educational needs after delivery? About taking care of yourself? About how your body recovers? About baby care (dressing, safety, changing diapers, bathing, cord care, etc.)? About feeding your baby? About follow-up pediatric care?

***DISCHARGE TIME**

How soon do you plan to leave? Postpartum stay can be up to 2 days for a vaginal delivery and up to 3 days for a Caesarean Section. A Public Health nurse will call you at home after discharge. At that time, they will answer any questions and schedule a home visit.