

M a t e r n i t y S e r v i c e s C o n s u m e r C o u n c i l

B i r t h P l a n T e m p l a t e

**Maternity Services Consumer Council MSCC has prepared this Birth Plan *template* and *sample* letter that you can use as a guide for to write your individualized versions.**

A Birth Plan is not a shopping list, nobody is able to “give’ you the birth experience you hope for. You will need to make practical, cognitive and emotional preparation for the day. The birthing mama will have to do “the work” but your partner/support people and maternity care providers need to be willing to provide the kinds of support that will help you achieve whatever sort of birth experience you have planned and hope for. To enable them to do this, you need to communicate your beliefs, hopes and plans to them

**The Birth Plan Template** is for you, to prompt you to consider your beliefs about labour and birthing, so you and your partner/support person/people can make the practical and mental preparations that will help you get the birth experience you desire.

**The Letter** to whoever will be providing care on the day is a ***summary*** of your Birth Plan. If you have an LMC, you can discuss the content of this letter with them during your third trimester pregnancy check-up visits. MSCC suggests that you also make a couple of copies and put them in your labour bag or have it readily available on a device. Nominate your partner/support person to request that whoever becomes involved in your care on your labour day, reads then discusses the content of your letter with you (preferably between your contractions).

MSCC suggests that ***you copy and paste*** anything from the following pages (and MSCC’s social media posts made during December on this topic) that resonates with your desires and beliefs and add anything else (e.g. cultural or religious practices) that are important to you. It’s YOUR day.

Very best wishes for a happy and safe birthing experience,

**BIRTH PLAN SAMPLE LETTER**

**to your midwife/maternity care providers**

Dear midwife/doctor,

Thank you for your support and assistance on this most important day in my life/the life of our family.

My partner/support team and I have taken the time to learn about the process of labour and have learned about and prepared some strategies for making this a positive experience.

I feel*…* about labour and would appreciate your support, encouragement and suggestions (medical/non-medical) for assisting my comfort and the progress of my labour.

I am choosing to use medical pain relief / I am hoping to get through my labour without having to use medical pain relief because...

I/we understand that the facility may have protocols that recommend some routine medical procedures e.g. vaginal examinations, fetal heart monitoring. I/we have considered those that we are aware of and have made the following informed choices *…* I am aware that circumstances may arise that will require me to reconsider these choices.

**BIRTH PLAN SAMPLE LETTER**

**to your midwife/maternity care providers continued…**

I do/do not consent to routine vaginal examinations. I will review this decision if there are indications that the information gained from a vaginal examination is necessary for planning the ongoing management of my labour.

I do/do not consent to routine continuous electronic fetal heart monitoring. I do understand that if I consent to some other procedures e.g. induction of labour, epidural, augmentation that this will probably be necessary. Please inform me if any scenario unfolds or any other intervention is offered that will require continuous electronic fetal heart monitoring.

I am hoping to support the progress of labour by regularly changing my position and using the shower and pool. I would appreciate it if you could make suggestions for position changes and anything other non-medical/medical options that in your experience, may increase my comfort and assist the progress of my labour.

I understand that hydration is important during labour and have brought drinks etc with me. Please remind me to have a drink if you think this would be beneficial.

**BIRTH PLAN SAMPLE LETTER**

**to your midwife/maternity care providers continued…**

I do/do not consent to having my labour augmented by having my amniotic membrane/waters broken and ask you to take care that this doesn*’*t inadvertently happen during a vaginal examination.

I request that you help prevent the need for an episiotomy by making any suggestions for non-invasive measures (e.g. massage/hotpacks /reducing my *“*pushing*”* efforts /position changes etc) that will help prevent the need for this surgical cut. Should there be an indication that an episiotomy may be necessary, please make the time to explain why this is being recommended and allow me to make an informed choice about this.

I do/do not want to birth my baby in a reclined/supine position. Please encourage me to use alternative positions during the second stage of my labour.

I want my baby to be placed skin-to-skin on my body with her/his cord left intact immediately after s/he is born. (We already know/have chosen not to find out the sex of our baby and do not want this announced by anybody present at the time of birth.)

**BIRTH PLAN SAMPLE LETTER**

**to your midwife/maternity care providers continued…**

I consent to my baby*’*s cord being cut at > 3minutes after s/he is born/I have chosen not to have my baby’s umbilical cord cut till after I have delivered my placenta. I/my partner would like to *“*cut”the umbilical cord. I have chosen to keep my placenta/I consent to the hospital disposing of my placenta.

I do/do not consent to routinely receiving an ecbolic to facilitate the delivery of my placenta. If there is any indication that this might be needed, please explain why and I will review my decision and make a choice.

I am planning/am not planning to breastfeed my baby. Please ensure that my baby stays in skin-to-skin contact with me from birth until after s/he has fed for the first time.

I/we understand that you will examine our baby when s/he is an hour or two old, please perform this examination on the bed where we can see, in the lowest level of light practical, and explain what you’re checking for and why.

I/we do/do not consent to our baby routinely being given of Vitamin K by injection/orally.

**BIRTH PLAN SAMPLE LETTER**

**to your midwife/maternity care providers continued…**

I/We understand the concept of informed choice and ask that you make time to facilitate this process if any medical intervention becomes necessary or I request medical assistance.

I/we understand that labour can unfold in unpredictable ways and that we may need to revisit some of our choices. If there are indications that I or my/our baby may need any medical interventions we will consider any new information you provide and make the choice that feels right for me/our baby.

I/We have gathered information about labour and birth and have put much thought into planning for the labour and birth of my/our baby. I am/we are happy to discuss anything in this birth plan that you have concerns about, in between my contractions.

Thank you for reading through my/our Birth Plan. We understand that you may be providing care for other women with a variety of different needs and desires, however we expect that you and any other maternity care providers who provide care during my birthing experience will support and honour the informed choices that I/we make/have made.

We are grateful for your support and for any assistance you are able to provide to make my labour a positive and empowering experience.

# Y O U R B I R T H P L A N

**You may want to use the following template to help create your personal Birth Plan and to assist you to write a Birth Plan letter to the midwife/maternity professionals who will provide your care during your labour and birth.**

**DEFINE YOUR BELIEFS ABOUT BIRTH AND YOUR HOPES FOR YOUR BIRTHING EXPERIENCE.**

# SUPPORT PEOPLE

**I HAVE INVITED THE FOLLOWING PEOPLE TO SUPPORT ME DURING MY LABOUR.  
I HAVE SHARED MY BELIEFS AND HOPES WITH THEM AND WE HAVE DISCUSSED THE SORTS OF SUPPORT I’D LIKE THEM TO PROVIDE ON THE DAY.**

*You may want to consider writing a Birth Plan for your support person/people to read and discuss with you before you go into labour -*

*a document that shares your hopes and plans and outlines the sorts of support you would like them to provide.*

# P L A C E O F B I R T H

**I UNDERSTAND THAT UNLESS MY LABOUR IS INDUCED OR MY BABY OR I NEED TO BIRTH BY CAESAREAN SECTION PRIOR TO ESTABLISHING IN LABOUR, I WILL BE LABOURING AT HOME UNTIL MY LABOUR IS WELL ADVANCED.**

**MY PARTNER/SUPPORT PEOPLE AND I HAVE RESEARCHED IDEAS AND HAVE MADE PREPARATIONS FOR KEEPING ME RELAXED AND POSITIVE DURING THIS TIME.**

**I AM PLANNING TO GIVE BIRTH AT…**

**BECAUSE…**



# R E L A X A T I O N T E C H N I Q U E S & N A T U R A L P A I N M A N A G E M E N T O P T I O N S

**I H A V E A S K E D M Y S U P P O R T P E O P L E T O H E L P M E**

**S T A Y R E L A X E D A N D C O N F I D E N T D U R I N G M Y L A B O U R B Y F A C I L I T A T I N G T H E U S E O F . . .**

**S O M E T H I N G S F O R Y O U T O C O N S I D E R I N C L U D E**

Hot Towels Counter Pressure Essential Oils

Water use/ Birth Music Low Lighting



# M E D I C A L P A I N R E L I E F O P T I O N S

**I H A V E R E S E A R C H E D M E D I C A L P A I N R E L I E F O P T I O N S A N D W O U L D B E O P E N T O C O N S I D E R I N G T H E S E I F I**

**F E E L T H E Y A R E N E E D E D.**

**I M I G H T C O N S I D E R M E D I C A L P A I N R E L I E F I F…**

**M E D I C A L P A I N R E L I E F O P T I O N S F O R Y O U T O C O N S I D E R I N C L U D E**

Epidural Gas & Air Opioids

# P L A N B

# I UNDERSTAND THAT THE PROGRESS OF LABOUR AND BIRTH CAN BE UNPREDICTABLE (AS COULD MY RESPONSE TO THIS EXPERIENCE) AND THAT MEDICAL INTERVENTION/S MAY BE RECOMMENDED AND/OR REQUIRED. I REALISE THAT I MAY NEED TO MAKE CHOICES ABOUT MEDICAL INTERVENTION/S ON THE DAY AND MY PARTNER/SUPPORT PEOPLE ARE PREPARED TO ASK QUESTIONS TO SUPPORT ME TO MAKE INFORMED CHOICES IF MEDICAL ASSISTANCE IS REOMMENDED.

**It can be a good idea to research common interventions so you understand what they usually involve and are able to make informed requests for any changes/alternatives should they become necessary.**

**e.g. Induction of Labour, Augmentation of Labour, Caesarean section, Forceps or Ventouse assisted birth.**

(You can request a full set of MSCC produced resources on these and other topics via our website - <https://maternity.org.nz/free-information-pack>)

**THESE ARE MY PREFERENCES IF MEDICAL ASSISTANCE IS REQUIRED**

**Some other options to consider including in your Birth Plan**



BIRTH PLAN TEMPLATE

Vaginal Checks Water Birth Fetal Heartrate Monitoring





Birth Position Placenta Birth Cord Clamping and Cutting





Skin to Skin Care Breastfeeding Bottle Feeding

