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# Your Childbirth Plan

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## What Is a Childbirth Plan?



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A childbirth plan can be written out or simply discussed with your care provider. It may include details about the atmosphere of the birth site, the people involved, and what goes on during labor and delivery.

A childbirth plan is a description of your personal preferences for your labor, delivery, and postpartum experience. It does not have to be in writing; you may simply discuss your concerns with your pregnancy care provider in advance of your labor, and re-emphasize your wishes when you are in labor. Many women, however, choose to clarify in writing their preferences and concerns regarding labor and delivery. They include their feelings about specific procedures, the atmosphere surrounding the baby's birth, the people involved, and what goes on immediately after the delivery.

## How Is It Developed?

Even before conception, you may start to consider how you would most like your childbirth to proceed. You may base your emerging childbirth plan on your preferences, fears, questions, and experiences to date. Your plan may even become a tool in gauging whether your prospective pregnancy care provider's attitudes toward childbirth are compatible with your own.

Your plan may evolve as you and your partner and/or labor coach(es) attend childbirth preparation classes. Or you may develop your plan after reading about options in labor and delivery, such as birthing positions and other techniques to ease labor pain.

Before making your plan, talk to your healthcare provider about the issues that are important to you. Make sure your ideas about labor and birth are realistic, and that the preferences you express are actual options at your chosen birth site. Your care provider may help you devise a written plan, or you may work it out with your partner, coach(es), and/or doula first, and then present it to your care provider for discussion. Depending on how strongly you feel about your preferences, you may ask your provider to include your plan in your permanent medical chart. This will allow nursing and other personnel at the birth site to review your preferences in advance.

## Why Is It Important?

Forming a childbirth plan can help you and your partner sort out feelings and set priorities. It can also help you clarify with your provider which of your preferences are negotiable and which are unrealistic. For example, if you plan to deliver at home, you should probably not include epidural anesthesia in your plan, as epidurals are not usually available in nonhospital settings. If you plan to deliver in a hospital, it's a good idea to talk about how many friends and relatives you want to have present, as some hospitals do not allow more than one or two people to stay with laboring patients.

## Qualifications

No woman can expect to have complete control over her childbirth experience. A childbirth plan that is inflexible, absolute, or unrealistic serves no useful purpose. Refusing an intravenous (IV) line under any circumstances, for example, is almost guaranteed to alienate your care provider. It

is also unwise, given the many conditions that can occur during delivery in which an IV line is absolutely necessary.

Your childbirth plan should reflect your priorities, your flexibility, and your inherent trust in your care provider and partner to help you make decisions.

Listed below are examples of various preferences expressed by some women for their delivery experience. Some options may be more important to you than others. Keep in mind that the policies of birth sites can vary.

Your plan may state your preferences on the following issues:

### **Preferences During Early Labor**

- Staying home as long as possible; or coming to the hospital or birthing center and settling in during early labor
- No pain medications; or medications “on demand,” when giving medications is medically appropriate
- Presence of partner/coach(es)/doula during all procedures; or coach(es) out of the room during certain procedures
- Wearing your own clothes; or wearing a hospital gown
- Routine IV on admission; or IV only for specific needs
- Birthing room for both labor and delivery; or labor room for labor and delivery room for delivery
- External fetal monitoring: continuous or intermittent

In addition to stating preferences on the issues above, some women also request

- Music and dimmed lights in room
- Walking and showering as needed
- Use of bathtub or whirlpool during labor (not all hospitals have these)
- Unlimited number of support people (various family members and friends), or one or two continuous support people
- Eating and drinking liquids during labor
- No shaving of pubic area for vaginal delivery (rarely done today)
- No “routine” enema on admission (rarely done today)

### **Preferences During Active Labor and Delivery**

- Intermittent external fetal monitoring; or continuous monitoring
- Pushing “physiologically” without coaching (pushing your own way and only when you feel strong urges); or coached, breath-holding pushing styles
- No routine episiotomy, or use of special techniques to avoid an episiotomy, unless the baby is in distress
- Unlimited number of support people; or one or two support people
- Medications and epidural anesthesia “on demand” when medically appropriate
- Choice of positions for giving birth, such as squatting, all-fours, side-lying
- Music and dim lights in room
- Walking and showering as needed
- Videotaping or photographing baby’s birth by labor coach

### **Preferences in Case of Cesarean Delivery**

- Epidural anesthesia, or general anesthesia if it is not an emergency cesarean.
- Coaches/support people in operating room throughout surgery.
- If stable, baby is given to parents after being assessed by pediatrician.
- Baby stays with parents throughout procedure, and goes to recovery room with them; or baby is cared for in the nursery shortly after birth.
- Breastfeeding in recovery room.

#### **Preferences After Vaginal Delivery**

- Immediate contact with baby (as long as baby is stable); or baby is given to nurse or pediatrician for assessment.
- Unlimited time for breastfeeding and bonding with baby; or have baby cared for in the nursery shortly after birth.
- All procedures on baby are done in parents' presence; or baby goes to nursery for physical exams, bathing, shots, blood tests, other procedures.

#### **Preferences During the Postpartum Period**

- 12-hour discharge of mother and baby, with follow-up by pregnancy care provider and pediatrician in office (only for vaginal delivery; not an option in some hospitals); or 24-hour discharge of mother and baby; or 48-hour hospital stay (this may depend on your insurance policy)
- 24-hour "rooming in" with baby; or baby goes to nursery for periods of time
- Private room, or semiprivate room (usually, insurance pays only for semiprivate)
- Exclusive, unlimited breastfeeding; or baby receives glucose water or formula
- Unlimited visiting hours for father
- Extended visiting hours for significant others; sibling visitation
- Breastfeeding support and counseling provided by qualified staff members

#### **Did You Know?**

In Imperial Russia, many peasant women walked during labor, with some sitting on their husbands' knees during the strongest contractions. When delivery was imminent, the desire for privacy was so strong that many went alone into a public bathhouse, a private room—or a cattle shed. Once the newborn arrived, the midwife assumed primary responsibility.

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