

BIRTH PLAN HILLS I WOULD DIE ON

Preparing a birth plan is an extremely individualized process. You must first discover exactly what are your options, then know which other items are negotiable and then filter that information through what-is-most-important-to-you. Things that are most important to me may not matter to you in the least, while other things might be most precious to you. These notes are designed to let you know those things I think are most important for achieving an unmedicated, mother-directed birth.

LABOR

- Telemetry EFM
 - Stands for Electronic Fetal Monitoring
 - Allows you freedom of movement, even if the situation requires continuous monitoring
 - The “Walk Around” monitor
- Intermittent monitoring, unless baby’s condition dictates otherwise
 - Remember that continuous monitoring doesn’t get us healthier babies, only 2 – 3 times the risk of cesarean
- You might combine both statements above: Telemetry; Intermittent Monitoring
- No IV
 - Back down to a hep-lock if necessary
 - IVs restrict movement and make some women feel like a “patient” when they are not sick
 - Most importantly, if you are not being hydrated via IV, you must have access to...
- Clear fluids
 - Tea: Red Raspberry Leaf? Hot tea with honey?
 - Juices: Bring your own, to guard against unstocked hospital fridge
 - Broth: They normally have some, but if you have some you like, bring it
 - Popsicles: Bring your own pureed fruit or frozen yogurt
 - Honey: GREAT for quick shot of energy
- Minimal vaginal exams
 - What are we going to do with the information we discover with the exam?
 - Nothing more depressing than a plateau, just keep laboring
 - Risk of infection
- Allow my membranes to rupture spontaneously
 - You may add: unless we choose to rupture for reasons of stalled progress
- Use of birthing ball and squat bar
 - You may choose to not put this on the plan to make it more uncluttered; Just ask for these things in labor
 - Movement is crucial
 - The presence/use of the squat bar is a tactic for keeping the bed intact for delivery
- Access to shower and tub
 - Can’t get women out of water with a crowbar
 - Excellent coping tool
 - Most telemetry monitors can go in the water
- Please leave the bed intact for delivery
 - Necessary if you wish to choose a position other than the lithotomy position for birth
- I prefer a tear to an episiotomy and do not consent to an episiotomy, unless it will redirect a tear towards my clitoris
- Exhale pushing with my urge, possibly with vocalizations, unless baby’s condition indicates the need for a rapid delivery
 - Some people say “No purple pushing”
- No coached pushing
- Please do not announce my baby’s gender. My husband and I will discover it on our own.
- I wish to:
 - Touch my baby’s head before she/he is born
 - Use a mirror to see my baby’s head
 - Touch my perineum where I feel burning
- Please help me catch my baby