Your Birth Preferences

Having a birth preference means that you walk away from your birthing knowing you felt in control or knowing that you did the very best you could. It’s important afterwards to reflect and congratulate yourselves, and if things do take a ‘birthing turn’ you know you both did the very best you could and should feel happy with yourselves.

It’s a good idea to have a clear vision of how you would like your birth to be and focus on this in your birth rehearsal, but also practise allowing your mind and body to be open to assistance if medically necessary.

If you have a birth preference to hand on the day, you will feel more empowered, and the medical staff will respect your interest and do all they can to make sure your birth belongs to you.

Word your plan in such a way that it does not become a document of demands, but rather a clear, polite and confident framework to focus on and move towards.

Intro

Dear Midwives,

Thank you for taking the time to read our birth preferences. We are hoping to have a normal, physiological birth and hopefully you will see that our Birth Preferences reflect this.

We will be using Hypnobirthing techniques and therefore would like to keep our birth space as quiet and peaceful as possible.

As experienced Midwives we will respect your thoughts as caring professionals should the need arise to deviate from our plan.

Should special circumstances arise which is not a true medical emergency we trust that you can provide us with a full explanation of the issues and our options with enough time for us to make informed decisions.

Please make this information known to any other obstetricians or midwives who may be attending the birth should you not be attending us.

*Thank you very much in advance, I’m genuinely looking forward to this birth and thank you so far for all your help and advice.*

Birthing Requests

**Before Birth:**

* We would like to choose whether to have a sweep, and if we choose to have one we would be grateful for it to occur as close to the 42-week date as possible.
* If we get close to the 42 weeks we would like to choose natural induction methods before medical induction.
* If we choose to have a medical induction due to being over 42 weeks we would appreciate this being as close to the 42-week date as possible.
* We request to discuss other options available, such as daily checks.
* We only want to consider inducement if there is medical necessity.
* If our baby is measuring ‘too big’ or ‘too small’ we would like extra scans to make sure, as we understand there is a lot of doubt around scanned estimations and actual birth size on delivery and do not want an unnecessary induction.
* If there is no, or minimal, doubt our baby is dangerously big or small, we would like the medical induction or caesarean option.
* if there is a medical necessity to birth early for whatever reason, we would like to consider a planned caesarean.

Other ideas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During Stage One Of Birth:**

* Music
* Dimmed (or twinkly) lights, battery candles
* Quiet
* Talk and questions to be aimed towards my birth partner, and not me, if possible
* A birthing pool
* A bath or shower if needed
* To have/ bring a birthing ball
* A birthing mat
* If asking for gas and air, to have a mask, rather than a mouth piece
* No discussion on pain levels – as we understand this draws attention to the heightened muscular activity and would rather not use words that focuses on it 😊
* To be able to use hypnobirthing breathing techniques, including long sounds if needed.
* To enjoy massage if needed
* We do not want to feel rushed. We understand that labour can stop or slow down as any point and want to follow the lead of my body
* We would like to use natural oxytocin stimulation in the event of a stalled or slow labour. Perhaps we could be offered a breast-pump? Or could we have privacy for erogenous stimulation or massage, thank you.
* No augmentation of labour via artificial oxytocin, or breaking of waters, unless there is a medical necessity. If this is the case, we would appreciate full explanation, so we can discuss the options.
* No, or minimal number (you choose) of vaginal exams, as we believe you will be able to gage where we are in the birth journey by observing us and hearing our sounds.
* We would like freedom of choice for active birth, or lying on our side
* If there is no medical reason we would like to follow the lead of my body and not be on my back. If of course, my body leads me to my back then I will be in this position.
* If there is a medical necessity for an emergency caesarean, please can our baby be taken *as quickly as possible* to our birth partner, so bonding can assume as quickly as possible.
* We would like to be fully apprised and consulted before the introduction of a medical procedure. If it is an emergency, please make sure my birth partner understands completely what it is, and the reason it was needed, so I can make peace with it afterwards. We understand this assists the acceptance process.

Other ideas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During Stage Two of Birth**

* To remain in pool for water birthing.
* To have a birthing mat ready.
* Use of mirror to enable me to see crowning and birth.
* To use ‘feather breath’ if you advise me to slow down.
* To assume a birthing position of choice.
* To take time if needed, and allow natural birthing instincts to help me birth my baby, with directed breathing down until birthing takes place.
* To birth in an atmosphere of gentle encouragement during the final birthing phase.
* To be encouraged to change position or stand up to birth, if birth is taking a long time and we feel this is helpful
* Episiotomy only if necessary and only after consultation.
* Use of suctioning device rather than forceps if assistance is medically necessary.
* Mother [ ] Father [ ] other birth companion [ ] to help "receive" the baby if at all possible.
* Father/birth companion to announce sex of baby.
* Allow time for a natural placenta delivery.
* Other ideas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **After Birthing:**
* To have skin-to-skin bonding
* If I am unavailable for my partner to have skin-to-skin bonding
* To keep bright lights off
* To allow the vernix to be absorbed into my baby's skin
* To wait for the cord to stop pulsing (we understand this happens at this hospital)
* Father/birth companion/ or midwife to cut the cord
* Allow baby to remain with me and/or birth companion for bonding without being rushed
* Vitamin K injection/ orally (you decide)

Other ideas:

We thank you in advance for your support

and kind attention to our choices.