

# PREPARING YOUR BIRTH PLAN

As you prepare yourself for the birth of your baby, and listen to stories from other mothers, you may develop ideas about your own plan for giving birth. Your birth plan may be written or spoken. It is your plan, and is a personal statement of issues that are important to you. This INFOSHEET is intended to assist you in preparing a birth plan, and is particularly focused on protecting natural, physiological processes in labour, birth, and the early postnatal period.

In your birth plan you are able to inform professional care providers about cultural, religious, and personal requirements and preferences that may be relevant in your maternity care. When you have made a list you will be able to check with your maternity care provider that these preferences are able to be respected.

## Natural birth is a mother's own resource

Pregnancy and birth and breastfeeding are natural biological processes which are a mother's own valuable resources. Most women and babies are well during this time, and will be able to proceed through spontaneous labour to giving birth to a healthy baby who breastfeeds and thrives naturally.

In recent generations, with most Australian women giving birth in hospital, there has been a tendency by both professionals and community members to view birth as a medical procedure. This is often referred to as the 'medicalisation' of birth. Yet, regardless of how advanced medical interventions have become, it is still reasonable for well women to plan spontaneous, unmedicated birth, and only accept interventions into the natural process if they believe there is a good reason. In fact, unless there is a valid reason to interfere, the natural biological process in pregnancy, birth, and breastfeeding are the safest for both mother and baby.

There are many aspects of birthing which are un-knowable, and your birth plan should allow for and support your informed decision making at all times. Women who know and trust their midwife or doctor may be more confident in making decisions than those who do not know their primary carer.

## What are my rights?

If you are giving birth under your own power you are in a unique position in health care: you are not sick. You may choose to use the facilities and staff of a maternity hospital, but you will not necessarily need to access the skill or machinery that is available. You are giving birth, as women have done through the ages.

There are many complex legal and ethical arguments in maternity care, as in all aspects of health care. Individual autonomy may come into conflict with a paternalistic care provider. A competent adult can refuse any intervention or treatment. The health care provider who recommended the intervention will record that you have been informed, and that you have refused the offer.

## Birth Plan

Your birth plan may be set down as parts A and B:

**Plan A:** "I am intending to give birth under my own power, and will do all I can to achieve the best outcomes for myself and my baby."

**Plan B:** "If medical intervention is recommended in order to achieve the best outcomes for myself and my baby, I need to be given the following information in order to make an informed decision:

What do you want to do? [procedure, test, intervention, advice]

Why do you want to do that?

What is likely to happen if I say 'no' - if I don't allow you to do IT?"

In this way you will only allow interventions that you believe are best for you and your baby.

[From *Planning for Birth* J Johnston, 2005]

A maternity service has a duty to provide appropriate care: to help and not to harm either mother or baby. However, each maternity service is limited in the scope and types of care they offer, and this can be related to funding, staffing, physical facilities (such as a tub for labour and birth in water), and the service's protocols.

There is no positive legal right to treatment. This means that you are not able to demand a particular medical treatment or intervention – you may request it, but the decision rests with the person who provides that treatment.

## Interventions - interruptions - interferences

Interventions into normal pregnancy and birth may have a profound effect on your progress from that time. These interventions can be medical, physical, or social, and include:

- induction or augmentation of labour
- medication or other substances for pain management
- continuous electronic monitoring (CTG) in labour
- a mother's position(s) for labour and giving birth
- time of clamping and cutting of the umbilical cord
- contact of mother with baby after birth

We encourage you to consider the potential benefit, and the potential harm, of each intervention, and make decisions for which you take responsibility.

## SOURCES:

WHO 1996. Care in normal birth: a practical guide. World Health Organisation.  
 Johnston J, 2005. *Planning for Birth* <http://www.aitex.com.au/joy/planning.htm>  
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