

# HypnoBirthing HUB

## BIRTH PLAN EXAMPLE



Our names are **Sarah Smith & Joe Bloggs**  
We like to be called **Sarah and Joe**  
Attending our birth: **Sally Smith (sister)**  
Other Notes: **Hypnobirthing Hub**

We have chosen hypnobirthing, as our method to have a **natural childbirth without unnecessary interventions**. We have been trained in this childbirth education method and are aware of our birth options.

We have given careful consideration to each specific request in our plan, and we feel that it represents our wishes at this time. We realise that as birthing ensues, we may choose to change our thinking and wish to feel free to do so.

We're looking forward to a normal pregnancy and birth and understand that these choices presume that this will be the case. Should a special circumstance arise that could cause us to deviate from our planned natural birth, we trust that you will provide us with a clear explanation of the special circumstance, the medical need for any procedure you may anticipate, and what options might be available. In such an event, please know that you will have our complete cooperation after we have had an explanation of the medical need and have had the opportunity to discuss the decision between ourselves.

In the absence of any special circumstance, we ask that the following requests be honoured. Thank you in advance for helping us obtain our wish for a joyous, memorable, and most satisfying natural birth.

Please make this information known to any other doctors, or midwives who may be attending the birth.

<signature>

<name>

<date>

## PRE ADMISSION

We request:

To consider inducement only if onset of labour is unusually delayed and if there is medical urgency. Please perform an ultrasound to assess the health of the placenta and level of amniotic fluid.

To use only natural means of inducement first, then moving to sweeping of the membranes. I would request two attempts before progressing to a hospital induction.

If a hospital induction is required; and if prostaglandin gels are given; I request to return home to start labour in my own time.

Only rupturing the membrane if medically required, then to return home to start labour on own time.

Please give other inductions methods ample opportunity to work, with the pitocin/syntocinon drip as a last resort.

If pitocin/syntocinon is medically required, please administer a very low dose, to be increased gradually and slowly and administered only after I reach 3-5cm dilation until labour is established. Then stop the dose to attempt the continued labour without artificial oxytocin.

If membranes have been ruptured, naturally or artificially, please allow twenty-four hours before intervention. Please provide antibiotics rather than an induction.

## ADMISSION

We request:

To return home until labour progresses further if less than four centimetres dilated.

To have our birthing room with subdued lighting and drawn drapes for both labour and birthing.

To have the following persons present during my birthing:

- partner
- relative
- other birthing companion
- labour support person

To decline discussion on pain tolerance and levels

No calls relayed--message only.

Other requests: \_\_\_\_\_

## ESTABLISHED BIRTHING (1ST STAGE OF LABOUR)

We request:

### Staff

The patience and understanding of medical caregivers to refrain from any practice or procedure that could unnecessarily stand in the way of our having the most natural birth possible.

Be allocated caregivers who support hypnobirthing or natural births.

To allow labour to take its natural course without references to "moving things along." Please don't look at the clock.

To be fully apprised and consulted before the introduction of any medical procedure. Please speak to my birth partner initially.

Quiet and peace in a contraction, no talking please.

### Comfort Measures

We ask that staff honour need for quiet and refrain from references to "pain", "hurt", or any offer of medication unless requested. In the event that I request pain relief, I would prefer to use gas/air before an epidural. I do not wish to use Pethidine.

I plan to use hypnobirthing techniques for comfort measure, such as active birth positions and movement, massage, water, breathing, relaxation, visualisation, heat/cold.

Partner/birthing companion and other labour support person present at all times.

To take fluids and light foods

To take nutritional snacking if labour is prolonged.

Freedom of choice to move (or not to move) during labour.

To change positions and assume labour positions of choice.

To enjoy labour tub or shower prior to rupturing of membranes.

To have the use of a birthing ball if one is available.

To have access to a birthing stool.

**Instruments/Intervention**

To be free of blood pressure cuff between readings.

In the absence of a medical necessity, only intermittent monitoring of baby's heart with fetoscope/doppler or manual use of EFM.

No internal monitoring in the absence of fetal distress. To confirm distress, please perform a Fetal Lactate Sample.

No internal electronic monitoring, as infection could be passed to the baby via the puncture site of an electrode clip on the scalp.

Minimal number of vaginal exams, within reason, during the labour until the 'Fetal Expulsion Reflex' (urge).

To use natural oxytocin stimulation in the event of a stalled or slow labour, nipple or clitoral stimulation and to be accorded the uninterrupted privacy to do so.

No augmentation of labour without discussion and explanation of need.

Other requests: \_\_\_\_\_

**DURING BIRTHING OF OUR BABY (2ND STAGE)**

We request:

The patience and understanding of medical caregivers to refrain from any practice or procedure that could unnecessarily stand in the way of our having the most natural birth possible.

To have the lights dimmed for birthing. If it is daylight, to access only natural light.

To remain in tub for water birthing, if available.

To allow natural birthing instincts (foetal expulsion reflex) to facilitate the descent of the baby, as much as possible, with mother-directed birth breathing down until crowning takes place.

Use of hypnobirthing birth breathing techniques without staff prompts.

To birth in an atmosphere of gentle encouragement during the final birthing phase without coaching." Please calm, low tones, free of "pushing" prompts.

To assume a birthing position of choice that will least likely require an episiotomy.

Use of birthing stool

Use of squatting bar on bed if available

Support with squatting during birthing

Leaning over a birth ball

Oil and hot compresses to avoid episiotomy.

Episiotomy only if necessary and only after consultation.

Use of (topical) anaesthetic for episiotomy.

Use of suctioning device rather than forceps if assistance is medically necessary.

Use of mirror to enable me to see crowning and birth.

To touch my baby's head at crowning.

To discover the sex of the baby on my own.

To have our other children present [ ] during [ ] shortly after birth.

Mother [ ] Father [ ] other birth companion [ ] to help "receive" the baby if at all possible.

To have the baby hear our voices first.

Father or birth partner to remain with baby in the event of a surgical procedure.

### **NATURAL THIRD STAGE**

Father/birth partner to cut cord

Delay cord clamping and cutting until after pulsation has ceased

Allow up to an hour if necessary for natural placenta delivery.

Immediate breast feeding to assist in natural placenta expulsion.

If my doctor believes I am at risk of haemorrhaging, please allow the cord to stop pulsating before cutting. Then, please administer the pitocin/syntocinon for placenta delivery.

Avoid pitocin/syntocinon unless there are any signs of haemorrhaging.

Other requests: \_\_\_\_\_

**FOR BABY**

We request:

To have remove bright lights until baby is moved to mother's chest.

Allow vernix to be absorbed into baby's skin; delay "cleaning or rubbing"; use soft cloth when rubbing is appropriate.

Immediate skin to skin contact and delay procedures on baby.

Allow baby to remain with mother and/or birth companion for bonding.

Oral Vitamin K to be used if it is available (or)

Delay Vitamin K injection until after baby is acclimatised.

Delay Hepatitis B injection until we see our GP (or)

Delay Hepatitis B until later in our stay.

Father will stay with mother and baby throughout the hospital stay.

Breast feeding several times during the first few hours after birth.

Breast feeding only. No bottles, formula, dummies, artificial nipples.

*We are planning a natural birth through hypnobirthing, yet we understand that birth can take a different direction for us. If this should happen; these are our requests:*

**IF A CAESAREAN BECOMES NECESSARY**

We request:

To be placed on a slightly raised angle to see more of the birth (45 degree angle to view and assist).

To have my birth music playing in the room.

Please have quiet in the room and allow the baby to hear our voices first.

To shield our baby from direct bright light (where possible).

To assist in the delivery of our baby (Once the baby's head/shoulders are visible and out I would

like to be guided in placing my hands under the arms of my baby and assist in lifting the baby out of my stomach onto my chest).

To have sterile hands/gloves to assist in delivery (to help prevent infection in case of contact with wound)

If unable to assist in the delivery, please place the baby on my chest immediately.

If my baby requires procedures (where possible), please perform these while my baby is at my chest.

The baby to remain on my chest while being stitched up.

If the baby requires separation from mother, please allow father/birth partner to be with the baby at all times.

Not to have a date set for a caesarean, but to allow our baby to come into the world on a date chosen by him/her. I will attend the hospital once my waters break or I start contractions whichever one comes first.

#### **IF AN EPIDURAL BECOMES NECESSARY**

We request:

Please follow as much as the original birth plan as possible and advise me on changes.

I would prefer a 'narcotic' or 'walking' epidural, so I can be more active in my birth and require less monitoring.

I would like to be helped into a birthing position that uses gravity to aid the birth of my baby. If this is not possible, please allow me birth in the side lying position and support my top leg.

Please turn down the epidural prior to the birthing stage, so I can gain feedback from my body in effective pushing.

I have learnt the Hypnobirthing Hub 'Perfect Pushing' for Interventions and I will only need minimal assistance with pushing.

**Thank you for your support in advance to helping us have a wonderful and fulfilling birth experience.**