



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

Birth Plan Template – Vaginal Birth after Caesarean

This template birth plan includes a wide range of preferences for the birth of your baby. Some may not be relevant to your circumstances e.g. presence of students if your hospital doesn't have students, and there may be other areas which you don't wish to include, there will probably be some aspects which are not covered which you wish to add.

It is important to create your personal birth plan. So use this document for ideas, make as many changes as you wish, and share it with the people who will be present when you give birth.

You may find it helpful to discuss it with your birth partner if you plan to have one, so they can support you in achieving the birth you want.

Some of the terminology may be unfamiliar. Do ask your Midwife, other health professional, or antenatal teacher to provide you with more information.

Before our baby's birth

I would like information about any medication before receiving it, including the purpose, potential side effects on me / the baby and options on timing e.g. before or after the baby is born.

If there is any research you would like me to participate in please provide details as far as possible in advance of the birth / I prefer not to be involved in research.

When I go into labour I wish to stay at home as long as I feel comfortable / I wish to go into hospital as early as possible

I wish to be assessed at home by midwife

For pain relief I plan to use TENS machine and/or baths/shower

During our baby's birth

I am happy for up to x number of students to be present at the birth / I prefer

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not to have any students present at the birth.

I would like my privacy and dignity to be respected at all times

If intravenous (IV) access is required I request that no drip be hooked up unless it becomes necessary.

If continuous fetal monitoring is required -I wish to be upright and mobile whilst connected to the monitor

I or my husband / partner will discuss all eventualities as they arise. Please share any concerns with us as soon as they arise. It will help us to know the answers to these questions:

1. What is wrong?
2. What do you suggest and why?
3. What would be the possible outcomes with and without this intervention?
4. How much time do we have to make a decision?
5. Are there any other courses of action open to us.

We will be guided by balanced, informative advice. We want a healthy baby and mother and will take all necessary steps to achieve this.

I request no internal scar check

For pain relief I plan to use –Entonox / TENS / pethidine / epidural. I would like to discuss other options if I feel I need them.

I wish to be free to adopt any position that is comfortable.

I wish to know when the head is crowning

I wish to feel the baby's head / see it in a mirror

I will appreciate firm advice and guidance to guard against too quick a delivery giving the perineum time to fan out thus (hopefully) preventing a tear.

I wish to avoid an episiotomy unless totally necessary –please discuss with me/ us if this is the case.

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I hope to avoid tearing but if one occurs I would prefer not to be stitched unless it is essential to healing / I prefer to be stitched

If stitching is necessary I do want a local anaesthetic to be well administered prior to stitching.

I would like the baby to be delivered straight to me

We would like photographs / video to be taken of the birth

We would like to play music during the birth

We would like to discover the sex of our baby ourselves

I wish the cord to remain attached until it stops pulsating

We / My partner would like to cut the cord

I consent to a managed third stage / wish to have a physiological third stage.

I only wish cord traction to be used if syntometrine has been administered.

If there are signs of haemorrhage then I will have IV ergometrine as necessary.

We would like to hold our baby immediately / we would like the baby to be washed first

We would like our baby to stay with one of us at all times

We would like to be left alone with our baby

We would like to see the placenta and have it explained to us

We would like to be consulted if our baby needs to go to special care

Multiple birth – We would like both/all of the babies to be taken to special care

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together / If one baby needs special care and the other(s) don't we would like the well baby(ies) to stay with us until we go

I wish to breast feed as soon as is appropriate

We do / do not consent to Vitamin K injection

If a caesarean section becomes necessary

If there is time we request spinal anaesthetic

We request that my partner be present regardless of anaesthesia used

We ask that my partner and/or I be able to view the sex of the baby on delivery.

If possible we request that any routine checks are done within my sight.

I prefer stitches / staples to close the wound

I wish to breast feed as soon as possible.

If baby needs to be admitted to SCBU then we request no visitors other than my partner until after I have been able to visit.

In the post-natal ward

We do not want our baby to be given any artificial milk

I intend to bottle feed on demand / I intend to breastfeed on demand

I would like our baby with me at all times unless I request otherwise

I would like to be present when our baby has a nappy change or bath

We would like our other children to visit as soon as possible after the birth

I would like to be consulted as to when I should be discharged from hospital

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Any Other Comments:

This is a sample birth plan and should be adjusted to meet the needs of each individual couple.

Some people may also wish to prepare contingency plans for a baby needing special care.