

Department of Obstetrics and	Document No.	OGOB0165(F)-E
Gynaecology	Last review date	Sept 2022
Subject	Next review date	Sept 2025
Birth Plan	Approved by	<b>Obstetrics Team, QMH</b>
	Page	Page 1 of 2

## <u>Birth Plan</u>

### Name of Woman:

# **Introduction**

Pregnancy and delivery are usually normal and natural things that occur in a woman's life. However, without any preparation, the woman may find it more stressful and frightening. In addition, your expectation of labour and delivery may also be different from what we can provide in our maternity unit.

In order to enhance the communication and understanding between the midwives / obstetricians and you, to reduce your stress and to help you to be better prepared for the child birth, we would like your participation in making your own birth plan. We hope that you and your partner can join our **antenatal health talk**. During the talk, we will answer your queries, and let you know more about us, about the services that we provide.

The following is just a basic list of issues that we prepare to help your planning. Please note that the list is made with the assumption of normal vaginal birth. For conditions that require medical intervention, the situation will be different and our midwives and obstetricians will give you the necessary explanation when required. Please feel free to add in any information or item that you think relevant. You can pass your birth plan to midwife on your admission for delivery.

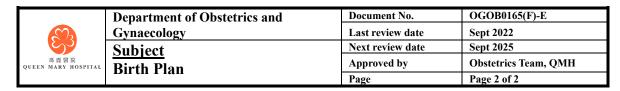
O&G Department QMH / TYH

### <u>Birth Plan – Issues to think about</u> When you are being admitted to the hospital: The name I would like to be called is \_\_\_\_\_

Issues	Remarks
Decision for the management of pre-labour	
rupture of membranes:	Observe and wait

#### When you are in labor:

Issues	Remarks
Your partner who accompanies you during	Name:
labour:	
Rupture of membranes if already in labour :	Spontaneous
	Artificial
Fetal heart monitoring:	Use continuous telemetry monitoring
	Use intermittent monitoring
Your position during first stage of labour:	Up and about
	Sitting on chair
	🗌 Birth ball
	Stay on bed
Pain relief: (can choose more than 1 item)	Relaxation breathing exercise
Natural method (Provide comfort):	Childbirth massage (partner participate)
	□ TENS
	☐ Music (CD player available)
	Aromatherapy (Essential oil available)
	Dim light



Pharmacological:	Entonox inhalation	
	Pethidine injection	
	Epidural Analgesia	

## At Delivery

Position of deliver (can change according to the time of delivery):	<ul> <li>upright</li> <li>OSitting &gt;45° OSquatting</li> <li>OStanding OKneeling</li> <li>all fours</li> <li>lateral</li> </ul>
Allow tear instead of making episiotomy	☐ Yes ☐ No
Allow delay cord clamping around 1-2 minutes	□ Yes □ No
Cut cord by partner if situation allows	☐ Yes ☐ No
Injection of Oxytocic drug at 3 <sup>rd</sup> stage of	☐ Yes
labour. (The drug can help to reduce blood loss after delivery.)	No
Deliver of placenta:	Assisted
If you receive the Oxytocic drug, we must help	By maternal effort
you to deliver the placenta in order to prevent	
retain placenta.	
Mother and baby are having their first skin-to-	☐ Yes
skin contact immediately after birth and at least one hour.	□ No

#### Baby in labour room

Routine drug & immunization	🗌 Yes
• Vitamin K1	No
<ul> <li>Hepatitis B Vaccine</li> </ul>	
+/- Immunoglobulin	
(It is recommended your baby to receive all the routine	
drug and immunization to protect your baby.)	

# **Baby in Postnatal Ward**

First bath on next day after birth when	☐ Yes
temperature is stable (No need to have daily	No
bathing for newborn in the first week of birth)	

Other ideas / Remarks: