

Choosing where to have your baby. Depending upon your individual needs and what services are available locally, you and your partner will be able to choose where to have your baby. You may choose to have your baby at home supported by a midwife, or in a midwifery led unit or birth centre. These are either based in the community or in hospital and they promote natural labour and childbirth. Alternatively you may choose to deliver in hospital supported by a maternity team. The team may include midwives, obstetricians, paediatricians and anaesthetists. When making your choice it is important to consider all of your personal circumstances and any additional care needs you or your baby may need. You can discuss your wishes and what options are available to you with your midwife.

Signs of labour. Labour usually starts with regular contractions which have an effect on the cervix (i.e. widening or shortening the neck of the womb). Sometimes the waters break before labour starts properly. Your own midwife, or the midwife on duty in the delivery suite, will advise you when you need to have an assessment, which usually includes a vaginal examination.

Inducing labour. Most labours start by themselves, during a 4 week period surrounding your Expected Date of Delivery (EDD). Many units have a policy of advising induction of labour when you are 'overdue', 10-14 days after the EDD. You may be offered an internal examination to stretch and sweep the neck of the womb, which is sometimes enough to stimulate labour. Otherwise, labour may be started off with a vaginal gel or pessary, which ripens the cervix and may also start the contractions. If necessary, the contractions can be started with your membranes being broken with a small hook, which may be followed with an intravenous drip of oxytocin (syntocinon). The baby will then need to be monitored continuously. Induction of labour may be offered earlier if there are complications during pregnancy, such as high blood pressure, pre-eclampsia or concern about the baby's growth.

Assessment of progress. Many factors play a part in the way your labour progresses – including the 'three Ps': The POWERS (how strong and effective the contractions are); the PASSAGE (the shape and size of your pelvis and birth canal) and the PASSENGER (the size of the baby, and which way it is lying). Progress is assessed as necessary, and includes external and internal examinations to check whether the baby is moving down in the birth canal and whether the cervix is opening.

Monitoring the baby during labour. Your baby's heart beat will be monitored during labour to detect any changes that could indicate that it is becoming distressed. This is done either intermittently, or continuously with a monitor attached to your abdomen.

Posture during labour and birth. You will be encouraged to move around during labour unless your chosen pain relief makes this difficult. During the active pushing phase, many mothers wish to remain upright, and there is evidence that birth can be easier in a squatting or kneeling position. It is important that you find the position which is most comfortable for you.

Eating and drinking. In labour, unless there are reasons to the contrary, you may have fluids and light meals.

Pain relief. There are many options and most mothers do not know how they will feel or what they need until the day. Many women find relief from a warm bath, or try 'TENS' or approved complementary therapies, especially in early labour. Medical methods include entonox (gas and air), pethidine injections, and epidurals. It is important to keep an open mind and choose what you feel you need at the time.

Caesarean section. This is an operation that involves delivering your baby through a cut in your abdomen, typically in the bikini line. Usually, you can be awake for it, with an epidural or spinal anaesthetic. Although a caesarean section is generally a safe and straightforward procedure, it is still a major operation and should only be carried out for good reasons. A caesarean may be elective i.e. planned in advance - for example, if your baby is breech and did not turn, or it may be done as an emergency during labour, if your baby is distressed or the labour is unduly prolonged.

Ventouse and Forceps. Extra help may be needed if you have already progressed to pushing, but the delivery needs to be speeded up, because you are tired or because your baby is becoming distressed. The ventouse method uses a suction cup that fits on your baby's head, while forceps are a pair of spoon-shaped instruments that fit around the head. The doctor will decide which one to use at the time, based on the clinical situation. You will be asked to push while the doctor is gently pulling to guide the baby out.

Episiotomy and Tears. An episiotomy is a cut to make the vaginal opening larger. This is no longer done routinely but may sometimes be considered necessary to avoid a potentially larger and more damaging tear, or to speed up the delivery if the baby is becoming distressed at the end of labour. They are usually also done at the time of a forceps delivery. Unless you already have an effective epidural or spinal anaesthetic, you will receive a local anaesthetic to freeze the area. The same applies if stitches (sutures) are needed to repair the episiotomy or the tear. Usually the sutures will dissolve completely without needing to be removed.

The placenta (afterbirth). The placenta and membranes usually deliver soon after the baby is born. Unless you prefer not to, you will be given an injection of oxytocin/ergometrine in the thigh after the baby is delivered. This helps the uterus to contract more quickly and has been shown to reduce the risk of heavy bleeding (post partum haemorrhage, PPH). Putting the baby straight to the breast also helps, as it helps to release natural oxytocin hormone.

Vitamin K. This is recommended for all babies after birth to reduce the risk of a bleeding disorder.

BCG. This is a vaccine offered to all babies who may be at risk from contact with TB (tuberculosis).

Hepatitis B. If you are Hepatitis B positive, immunisation will be offered to your baby after delivery.

Preferences for birth

Your midwives and doctors would like to make your birth experience special, while also making sure that it is safe. A birth plan is a record of what you would like to happen. It allows the professionals caring for you to know your wishes and understand your individual needs. It is good to make plans but please remember that every birth is different as the course of labour is unpredictable. Lack of flexibility can lead to disappointment when things do not happen exactly as planned - the most important thing is to keep an open mind.

Topics	Discussed	Date	Your comments	Leaflets given
Where to have your baby	<input type="checkbox"/>			
Intended length of stay	<input type="checkbox"/>			
What to bring	<input type="checkbox"/>			
Who will be present	<input type="checkbox"/>			
Can students be present	<input type="checkbox"/>			
Signs of labour				
contractions	<input type="checkbox"/>			
waters breaking	<input type="checkbox"/>			
Inducing labour				
methods used	<input type="checkbox"/>			
reason	<input type="checkbox"/>			
Assessment during labour				
of mother	<input type="checkbox"/>			
of baby	<input type="checkbox"/>			
of progress	<input type="checkbox"/>			
Posture				
during labour	<input type="checkbox"/>			
during delivery	<input type="checkbox"/>			
Pain relief				
natural methods	<input type="checkbox"/>			
entonox (gas and air)	<input type="checkbox"/>			
injections (e.g.pethidine)	<input type="checkbox"/>			
epidural/spinal	<input type="checkbox"/>			
Caesarean section	<input type="checkbox"/>			
Assisted vaginal delivery				
breech	<input type="checkbox"/>			
ventouse	<input type="checkbox"/>			
forceps	<input type="checkbox"/>			
Perineum				
episiotomy	<input type="checkbox"/>			
tear	<input type="checkbox"/>			
Third stage				
oxytocin/ergometrine	<input type="checkbox"/>			
delivery of placenta	<input type="checkbox"/>			
Baby				
Vitamin K	<input type="checkbox"/>			
BCG	<input type="checkbox"/>			
Hepatitis B	<input type="checkbox"/>			
Infant feeding	<input type="checkbox"/>			

* Signatures must be listed on page 22 for identification

Name

Unit No