

Birth plan

Preferences for childbirth
and postpartum care

Sexual and Reproductive Health Care

Department of Gynecology and Obstetrics of the Hospital
de la Santa Creu i Sant Pau – ASSIR Guinardó – ASSIR Dreta



SANT PAU
Campus Salut
Barcelona

Salut/Institut Català de la Salut/
Atenció Primària Barcelona Ciutat
Atenció a la Salut Sexual i Reproductiva Dreta

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 HOSPITAL DE LA
SANTA CREU I
SANT PAU
FUNDACIÓ DE GESTIÓ SANITÀRIA
UNIVERSITAT AUTÒNOMA DE BARCELONA

Name

Who will accompany you on the day of childbirth

Baby's name

Probable date of childbirth

My birth plan

The team of professionals from the ASSIR Dreta and the Hospital de la Santa Creu i Sant Pau wish to make your birth a special and unforgettable experience and we work together to offer it to you.

The "Birth Plan" is a document that lists your preferences, desires and expectations about the delivery process, the early postpartum period, and the care of your baby. As health professionals, it will serve as a guide to know what you expect from us and will help us to offer you an integral and personalized attention. The elaboration of this document is a dynamic process that will help to reflect on different aspects of childbirth so that they are better adapted to your specific values, preferences and circumstances. Both ASSIR and Hospital professionals can advise you on its confection and discussion, which will encourage shared decision-making.

Since it is a dynamic document, you can change your mind at all times according to your circumstances and experiences, both before and on the day of delivery.

The care we will offer you follows the guidelines recommended by the World Health Organization (WHO), which suggest a quality

of care based on the woman's autonomy and her physiology, with the minimum possible degree of medicalization. We also rely on the Protocol for Natural Assistance to Normal Childbirth of the Generalitat de Catalunya (www.gencat.cat/salut) and on the Clinical Practice Guidelines on Normal Childbirth Care of the National Health System.

It is important to have an idea of the desired childbirth, although each birth is different. Sometimes there are circumstances that may involve variations in your plan. In the event of a deviation from normality, professionals will inform you of the situation in order to encourage joint decision-making and to be able to apply the necessary measures.

Our objective with this document is double: first that as a family you think about your childbirth process and how you would like to be cared for according to the information on birth attendance that appears in this document. Secondly, it should be a communication tool between professionals and the family. In this regard, it is important that, if you have not submitted it before, when you arrive at the delivery room, you comment on and hand over the birth plan to your reference midwife.



General care during delivery and birth

Childbirth is a physiological process and most births develop normally, so we only intervene in situations in which it is necessary or that deviate from normal.

Whether it is a strictly normal or physiological birth, or a birth with other characteristics, as an obstetric team we will accompany you and your baby throughout the process.

As professionals, we avoid unnecessary interventions that do not bring benefits to you and follow the recommendations of the World Health Organization, different clinical practice guidelines and evidence-based protocols on delivery care.

During childbirth, the professionals will offer you the available information based on this evidence so that we can make shared decisions with you, those that best suit your desires and circumstances.

In accordance with good practices in childbirth care, we do not routinely practice:

- Artificial breakdown of the water bag.
- Administration of oxytocin (a drug that stimulates delivery) during dilation.
- Episiotomy (incision in the skin and wall of the vagina).

The professionals aim to accompany you in the process and to ensure your well-being and that of your baby.

As childbirth is a physiological process, intervention is only made in situations where complications arise. Before any intervention, we will inform you and your companion and ask for your consent, favoring that both, with appropriate professional advice, participate in the decision-making according to your needs, preferences and beliefs. Both in vaginal deliveries and cesarean sections the presence of your companion is encouraged at all times if you wish and whenever possible.

Professionals in the team

For childbirth to occur spontaneously, a comfortable, intimate and reliable environment is required, so we will do our best to ensure that the least possible number of professionals are present during labor and at birth.

We will ensure that the evolution of your process is valued by the same team of midwife and obstetrician in order to foster a relationship of mutual trust between all the people who participate in your childbirth.

As a teaching hospital it is possible that during the process professionals in formation are present. You have the right to know the possible presence of health science students (Nursing or Medical), whether undergraduate or postgraduate, and you can accept or not this presence.

You have the right to be aware of the possible presence of professionals not directly related to the care act (researchers, students or other professionals) and you can accept or not such presence.

Physical space and comfort measures during labor and birth

The delivery room consists of five dilation rooms and three delivery rooms. All are individual and feature an articulated bed, a reclining chair, a stool, a bathroom and a shower whenever possible. They are rooms with low intensity lighting and cozy for you and your companion to feel comfortable.

In the dilation rooms is where you enter and stay until complete dilation (just before birth). If the labor progresses normally, the birth and the immediate puerperium will be attended to in this same space. In case of having to perform a caesarean section, the operation room is not located in the same obstetric hospital. Our center follows

a protocol of skin to skin and zero intracesean separation and the companion can be present. Only in some situations, such as an emergency or emergent cesarean section or requiring general anesthesia, will the person accompanying you have to wait outside.

We will offer you support materials such as birth balls, mattresses, birthing chairs, local heat, mirror, shower... making them compatible with the care activities on the part of the professionals. You can also bring your clothes if you feel more comfortable, your favorite music, aromatherapy or anything else that makes you feel relaxed.

Accompaniment during delivery and birth

Continued support during childbirth has been related to greater satisfaction with the process. Accompaniment, having support from someone you trust and who is familiar with you (partner, mother, friend...) during childbirth, can help reduce anxiety, fear and the need to use drug treatments to relieve pain.

To favor the atmosphere of recollection and tranquility that the birth needs and to respect your intimacy and that of the other persons who are in the same situation, and given the limited physical space available in the birthing room, only one companion may be present during delivery.



The period of dilation

When the birth occurs, the patient will be admitted to the delivery room. The dilation period is the process of childbirth in which the neck of the uterus dilates to 10 cm and is the earliest stage at birth.

Peripheral venous line

If your pregnancy has been classified as low risk and at the time of delivery the fetal auscultation is normal and you want a natural birth (without epidural anesthesia), the placement of the intravenous line may be optional. If during delivery complications appear and/or drug administration is required, we will inform you appropriately and recommend placement of the intravenous line. In the event that your pregnancy is high-risk or you want epidural anesthesia, the line will be necessary.

Eat and drink

During the dilation process you can eat and drink normally, but we recommend light meals to promote digestion. In the event that you request epidural anesthesia, you can continue to drink clear liquids (water, isotonic drinks and juices without pulp).

Vaginal tact

To assess the evolution of your delivery and to be able to make clinical choices if necessary, the professionals (midwife/obstetrician) perform an examination by means of a vaginal tact. Before vaginal tact, the professional who performs the assessment will ask you for verbal consent.

The vaginal tact will be limited to the minimum possible.

Control of your baby's well-being

To monitor the well-being of your baby we auscultate its heartbeat throughout the process. This is done using an intermittent or continuous cardiotocographic recording monitor, depending on the time of delivery and the criterion shared with the professional evaluating fetal well-being.

Intermittent cardiotocographic recording consists of a control of the fetal heartbeat and contractions for a minimum of 20 minutes every hour. It can be done during the entire dilation process. If this control of the heartbeat is not satisfactory, it may be necessary to initiate continuous monitoring (it consists of a control of the fetal heartbeat and contractions throughout the dilation and expulsion period).

Continuous monitoring may also be necessary if a risk of pregnancy has been detected, if drugs such as oxytocin are administered or if epidural anesthesia is performed, because they will require more thorough monitoring of the baby during labor.

For monitoring, you have the option of using a wireless device to facilitate your mobility.

Preferences related to mobility during labor and delivery

Movement during childbirth is considered essential to favor dilation. Therefore, whenever possible we will recommend vertical positions that improve the effect of gravity on your body, movements with the foot and those positions that at the time of delivery favor the process such as, for example, quadrupedia or squatting, among others.

Pain relief preferences

To relieve the pain of childbirth you have different options at your fingertips: non-pharmaceutical treatments, pharmacological treat-

ments, or a combination of both. To this end, the midwife will give you active support with relaxation techniques and non-pharmacological measures mentioned above.

In the pharmacological field, we have nitrous oxide, which is an inhaled analgesic.

You can ask for it at any time and it is relatively easy to use. It is effective in less than a minute, has no effect on the baby and does not interfere with the physiology of delivery.

We also have the option of low-dose epidural analgesia, which allows you to maintain mobility.

The moment of birth

The time of the birth of the baby is also known as the expulsion period of childbirth. Most deliveries are vaginal and only in some cases we have to perform a caesarean section.

- **Eutocic vaginal delivery:** It is the one that does not require instrumental intervention. It is the most frequent.
- **Instrumental vaginal delivery:** is the one that requires the use of instruments (suction cups, spatulas or forceps).
- **Cesarean delivery:** the birth occurs through a surgical intervention consisting of an incision in the abdominal wall and another in the uterine wall of the mother to remove the baby.

In the Hospital de la Santa Creu i Sant Pau we perform a specific protocol of epidural analgesia during labor, recently developed by the Anesthesiology Service of the center. This analgesia allows to adopt multiple positions during birth, since it moves away from the motor block (impossibility of moving the legs) of the old peridurals and, at the same time, treats the pain effectively.

Finding the most suitable position for you will improve your comfort during childbirth and favor the pushes. You can try different positions (standing, birthing chair, knee, squat, at, side or face up) to find the one you think is best for you.

If you choose a natural birth, the freedom of movement is complete keeping always in mind

the safety measures for you and your baby. In this case, the feeling of pushing occurs spontaneously.

If you choose to deliver low-dose epidural analgesia, you will feel the pressure that makes it easier to push. If not, the delivery staff will guide you at that time.

To minimize the possibility of perineal injuries, the midwife/obstetrician will offer the application of local heat in this area.

We do not perform episiotomy routinely. And in the event that we have to practice it because a major tear is anticipated, you will be informed and asked for verbal consent. In our center we have an episiotomy rate of 14.5%.

Shortening of the expulsion period

In the event that the expulsion period does not occur naturally after 4 hours in full dilation (or 3 hours in the case of women with previous vaginal births) or there is a loss of fetal well-being at this stage of delivery, a shortening of the expulsion period will be indicated. At this point, the team will explain the need to apply an instrument (vacuum, forceps or spatulas) and the risk/benefit and will give you, whenever possible, a consent to sign. At our center, the need for instruments has been reduced to 11.5% of deliveries.

Umbilical cord clamping

Following the recommendations of the clinical practice guidelines of the Ministry of Health, as well as the recommendations of the Spanish Society of Neonatology, once the baby has been born, and if there are no alterations, we'll wait to clamp and cut the cord late. The waiting time, exceeding two minutes or until the cord stops beating, increases the volume of blood the baby receives, can prevent physiological anemia and increases the infant's iron reserves. On the other hand, it can increase hemoglobin levels and lead to more hyperbilirubin (a process that may require phototherapy and lengthen the baby's admission).

Once your baby has been born, we will put it on you directly to start early skin to skin

contact and, if no mishap occurs, we will wait to pinch and cut the cord if you wish.

In case you want to make umbilical cord blood donation, after birth we wait between 30 seconds and a minute before pinching the umbilical cord and proceeding to the blood collection. This technique is used with the baby in skin-to-skin contact with the mother.

Exit from the placenta or delivery

Release or delivery of the placenta (without medication) is associated with an increase in postpartum hemorrhage. We recommend the release of the placenta directed through admin-



istration of oxytocin intravenously or intramuscularly (in the event that you do not have a line, it will be administered with an injection in the thigh or buttock) because it facilitates the exit of the placenta and reduces the risk of release of the placenta.

If you wish to take the placenta home, you will need to sign an informed consent after delivery and you will need to bring a receiver/container with you to transport it. You and whoever accompanies you will have to plan to bring cold plates/bags for its preservation.

What will the delivery be like in the event of a cesarean section?

We offer the possibility of the “Pro-family Caesarean”, a caesarean that favors your participation and that of the person who accompanies you.

- Accompaniment by the midwife at all times. She will be your bond with the surgical staff.
- There is a type of epidural anesthesia that we can leave for 30 hours after delivery and that allows you to have no pain in the subsequent hours so that you can be aware of your child and favor the bond and breastfeeding.
- At the time of birth, and whenever circumstances make it possible, the curtain will be lowered so that you and your companion can see the birth of your child and put it directly on your chest without cutting the umbilical cord to allow for delayed cord clamping for at least one minute.

- We avoid the use of fasteners on the arms and chest at the time of the cesarean section so that you can take the baby yourself and start the skin to skin immediately.

In case you cannot or do not wish to make skin to skin, it can be initiated by your companion.

Upon completion of the intervention, you will return to the delivery room for post-surgical recovery and control of the immediate postpartum, favoring at all times the zero separation of the entire family.

In the event that general anesthesia has been necessary (<5% of cases of caesarean section), immediate postoperative treatment is carried out in the resuscitation room. In this case, the baby will be skin-to-skin with your companion if you wish.





What happens after delivery?

We take special care to promote skin-to-skin contact and recommend maintaining it for at least the first 6 hours of life because it facilitates the adaptation of the baby and decreases stress and crying. Another important benefit of skin to skin is that it promotes lactation and bonding.

Our philosophy is zero separation, so we avoid separating you by any action that can wait.

Vitamin K can be administered to the baby intramuscularly in a single dose (in the muscles), as it offers better clinical results and ensures that the baby receives it in its entirety. If you do not want this route of administration, it can also be administered orally, though it is discouraged by the risk of not receiving it properly.

Breastfeeding

The decision about how to feed your baby is yours. We will inform you of the advantages and disadvantages of the different options and you will receive our support in all cases.

We offer support to breastfeeding and as a rule we will not give any other food to your baby, unless strictly necessary and always with your prior consent.

At the puerperium plant, all professionals have knowledge and experience to help you in this process.

Your Hospital Stay

During the hospital stay we promote zero separation from families and encourage you to feel comfortable. To this end, we follow a series of actions in the room:

- The health staff avoids unnecessary interruptions, establishing visits at times that respect your rest.
- We never separate you from your baby. All care and inspections are carried out in the same room.
- We have beds to keep the baby as close as possible, especially in case of caesarean section to make you more comfortable.

We ask for your help so that during your stay you maintain a quiet atmosphere in the room, without television, electronic devices or noise, in a time and space dedicated to establishing the family bond. Outside the COVID period, please minimize visits.

We think that, despite our efforts, the Hospital is never the same as your home, so we promote early discharge. The hospital stay is 12-24 hours for vaginal deliveries and 48 hours for cesarean delivery.

If the discharge occurs in less than 48 hours, you will receive a call from the midwife of your local ASSIR who will manage the follow-up of the postpartum at home. They will assess your well-being and that of the baby, breastfeeding and will perform heel tests (neonatal screening test that aims to diagnose minority diseases early).

If discharge occurs within 48 hours, this and other screening tests will be performed before leaving the hospital. In this case you will receive the ASSIR midwife's call to make the first postpartum visit.



We want to know your opinion

Postpartum Satisfaction Survey



Meet DonaSantPau



MY BIRTH PLAN

My preferences

This "Birth Plan" lists your preferences and options. As health professionals, it will serve as a guide to know what you want your delivery to be, the reception of your baby and what you expect from us. Knowing this will help us to offer you an integral and personalized attention. The preparation of this document is a dynamic process. Both ASSIR and Hospital professionals are at your disposal to inform you about what is necessary and advise you on the different options so that you can make informed decisions.

Below you will find different sections where you can record your preferences. You do not need to complete all the sections if you wish to make some decisions on the same day of delivery. Nor do you have to limit yourself to the options that you will find in the document, use the "Other needs" space to indicate your preferences or proposals.

You have the right to change your mind about what you decide in this document, both before and on the day of the birth. If circumstances change at any time, the professionals will offer you information and support in making shared decisions.

Related to the companion

- I would like him/her to accompany me _____ and be able to be with me throughout the delivery and birth of my baby.
- I will not have/I don't want a companion.
- I want the companion to always be with me except in case of _____
- I have not yet decided whether I will have a companion, I will decide on the day of my delivery.

Professionals

- I have no preference on this.
- I do not want students of health sciences (Nursing or Medicine), whether undergraduate or postgraduate, to participate in my care.

Related to physical space and comfort measures

- I would like to have low intensity lighting during labor and delivery.
- I would like to have labor balls, mattresses, local heat.
- I would like to use my own comfort material _____
- I would like to be able to listen to music (I will contribute it).
- I would prefer to wear the hospital gown.
- I would prefer to wear my clothes.

Related to procedures

Control of my baby's well-being

- I would like the control to be intermittent, but I understand that if necessary we will proceed to continuous control.
- I would like the monitoring to be continuous.
- I would like monitoring with the wireless device.
- I have no preferences.

Pain relief

- I would like a natural birth (without intervention).
- I would like to make use of measures of non-pharmacological analgesia, following the recommendations of the midwife who attends my delivery:
 - Application of local heat.
 - Shower with hot water.
 - Lumbosacral massages.
 - I would like to be able to bring in own material to relieve pain like _____

- I would like my companion to actively participate in the non-pharmacological techniques of pain relief.
- I would like to make use of nitrous oxide.
- I would like to be given low-dose epidural analgesia during labor.

Related to the time of birth and delivery

- If the conditions of childbirth permit, I would like to adopt a specific position during the expulsion period _____
- I want to stand in the position that is most comfortable for me. The position in which I want to give birth in principle is _____
- I will decide the position at the time of delivery, according to my comfort.
- I want to use the mirror to see my child born.
- I would like to have a late umbilical cord clamp.
- I would like to donate umbilical cord blood to the public blood bank.
- I would like, if possible, my companion or I to cut the umbilical cord.
- I prefer a targeted delivery with oxytocin administration.
- I prefer spontaneous delivery, without drugs.
- After expelling the placenta, I want to be able to take it to my home.
- In case of cesarean section: "Pro-family C-section".

As for pushing:

- I want to choose how and when to push according to what is most comfortable for me on the day of delivery.
- If necessary, I want the midwife to help me know how and when I need to push.

After-delivery preferences and my baby's care

- I would like to establish skin-to-skin contact immediately or as soon as possible.
- I would like that in case of not being able to make skin to skin contact, it is offered to:

- I agree to have the ophthalmic ointment applied to my baby.
- I don't want ophthalmic ointment applied to my baby.

- I agree to my baby being given vitamin K:
 - Intramuscularly
 - By mouth
- I do not want my baby to be given vitamin K.

Related to breastfeeding

- I'd like to breastfeed.
 - In the event that a formula supplement is required, I would like to use:
 - Finger-syringe technique.
 - Bottle.
- I would like to do formula breastfeeding.
- I would like to have information about milk donation.
- I don't want any food to be offered to my baby without consulting me first.

Other needs

The expectations and needs around care during labor and birth also depend on the individual characteristics of each person and their culture of origin. If you have a specific need or requirement you can discuss it with the obstetrical team professionals.

Are there any needs that are not covered in this birth plan and that you would like to discuss with the team?

I, _____ with National ID _____ and the person accompanying me _____ know the content of this document and have chosen our preferences so that they can be complied with as much as possible.

In any event, we reserve the right to change in whole or in part our decisions at any time during the process. In the event of a deviation from normality, the professionals will inform us of the situation in order to encourage joint decision-making so that the necessary measures can be implemented.

In Barcelona, on ___ of _____, 20 ___

Signature of the professional who delivers the Birth Plan:

Date:

Signature of the professional who collects the Birth Plan:

Date:





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