Birth and Delivery Plan

Vall d'Hebron University Hospital Obstetrics Department | Neonatology Department | Anaesthetics Department | ASSIR Muntanya-La Mina | ASSIR Dreta

Salut/ Institut Català de la Salut

Vall d'Hebron Barcelona Hospital Campus

Vall d'Hebron Hospital Universitari

Sumary

This document uses the female gender to refer to pregnant individuals, professionals or persons who have given birth. We acknowledge that reality is diverse and non-binary and we wish to express explicitly our recognition and desire to welcome and support the diversity of the people we serve and their families.

Medical history

Name

Last name

ID

1. Introduction

The birth plan is a document that allows you to express your preferences, needs, wishes and expectations concerning aspects of the birth of your baby. This ensures that the professionals assisting you on the day of delivery and throughout your hospital stay are aware of your preferences.

On some occasions, childbirth may deviate from the norm, or unforeseen circumstances may arise. In these situations, we will recommend the most appropriate intervention and explain the various alternatives. This allows you to choose the option best suited to your situation and wishes. We will always seek your consent before proceeding.

To draft the birth plan, the midwives from ASSIR (Sexual and Reproductive Health Care) during your pregnancy checks, as well as the hospital midwives, can provide you with all the latest available information. They can also guide you in making informed decisions regarding the best choices at any given time based on your specific preferences and circumstances.

None of the preferences you specify in the birth plan are final. You can change your mind at any point, and we will adapt accordingly.

Upon admission to the hospital, you will meet your designated midwife, to whom you can hand over your birth plan. This midwife will accompany you to your room in the delivery suite.

Depending on the risk and progress of the labour, we will inform you and seek your consent for the following:

• Inserting an intravenous line to ensure quick access for administering medication should it be required or if you would like epidural anaesthesia.

• Measuring vital signs upon admission and every 2-4 hours, or as advised, to monitor your condition throughout the process.

• Conducting a vaginal examination to determine obstetric conditions, followed by checks every 2-4 hours to monitor the progression of labour.

Midwives support and provide the necessary information to promote autonomy and decision-making at every stage.

Support during labour

Having a trusted person with you to provide support and assist during labour can be beneficial. Continuous support from your partner or someone you trust has been shown to reduce the need for pharmacological pain relief.

My preferences regarding support during labour:

- ☐ I wish to be supported by
- ☐ I do not wish to be supported by
- ☐ I do not wish to have any support
- ☐ I haven't decided yet; I will decide at the time of labour

Environment and facilities

The obstetric area is equipped with two operating theatres, 6 birthing suites, and 2 multi-purpose rooms. All 6 birthing suites are fully outfitted to care for both you and your baby throughout the process in the same room, ensuring your privacy in a comfortable and safe environment, regardless of your risk level or type of birth.

Each suite features adjustable beds to accommodate your chosen birthing position and wireless monitors to track the baby's heartbeat, which allows us to monitor heartbeats and contractions remotely. Resuscitation cots are also on hand to care for your baby in the same room if needed.

2 operating theatres

6 birthing suites

2 multi-purpose rooms

Dilation stage

Our birthing suites offer various amenities for your comfort. During dilation, I would like to use the following support items:

- ☐ Warm water shower
- ☐ Pilates ball
- ☐ Cushion to aid comfort when the mother is lying on her side
- ☐ Birthing chair
- ☐ Computer with Internet access (option for speakers or to bring your own music)
- ☐ Adjustable light intensity

Hydration and nourishment during labour won't be restricted in the case of a natural birth. If you have an epidural, you will be allowed to drink water and clear fluids.

- ☐ I prefer not to drink during dilation
- ☐ I will bring beverages of my choice
- ☐ I will decide at the time
- ☐ I have no preferences

To alleviate labour pain, you have various options available, including non-pharmacological treatments, pharmacological treatments, or a combination of both.

- ☐ I have not had the opportunity to discuss with the midwife the different pain relief options available. I will discuss it with the obstetrics team on the day of delivery
- ☐ I have had the opportunity to discuss with the midwife the different pain relief options available

I wish to alleviate childbirth pain using the following:

Non-pharmacological methods to reduce pain:

- ☐ Move around, walk, and adopt the most comfortable position for me
- ☐ Breathing-relaxation techniques
- ☐ Massages from my support person
- ☐ Application of local heat
- ☐ Shower
- ☐ Ball
- ☐ Other:

Pharmacological methods:

- ☐ Epidural analgesia
- ☐ Other pharmacological methods if epidural is not possible
- ☐ Local analgesia, in the case of suturing
- ☐ I do not wish for any type of analgesia

To monitor the foetal status and the frequency and intensity of contractions, we use Foetal Monitoring.

This involves listening to the foetal heartbeat to monitor its well-being during the dilation period and at the time of birth. There are different options, such as intermittent auscultation and continuous monitoring.

In labours that progress normally without the use of medication and in the absence of risk, monitoring options that allow the greatest freedom of movement are advised. If the labour deviates from the norm or requires medication, continuous monitoring is recommended.

During epidural analgesia, continuous foetal monitoring is recommended.

- ☐ I would like the type of monitoring not to restrict my ability to move during the dilation and pushing stages
- ☐ I would prefer continuous monitoring
- ☐ I would prefer intermittent monitoring
- ☐ If, during labour, I am in a situation requiring continuous monitoring, I want to be informed and, if possible, use a wireless monitor
- ☐ I have not had the opportunity to discuss with the midwife the advantages and disadvantages of the different types of monitoring. I will discuss it with the obstetrics team on the day of delivery
- ☐ Other considerations regarding heart rate monitoring:

Under certain circumstances, some interventions might be necessary, which we will inform you about and seek your permission:

- Artificial breaking of the waters.
- Use of medication to induce contractions if you require labour induction or are experiencing prolonged labour that does not progress with other measures.
- Administration of antibiotics during labour in cases where there is a risk factor for infection, for example, positive Group B streptococcus, water broken for > 18 hours, altered test values, etc.

Baby's birth

During this phase, you will feel the urge to push once full dilation is achieved. If you have had an epidural, this sensation might be reduced; hence, the midwife attending to you will guide you to ensure your pushes are effective. We do not routinely perform episiotomies.

Most births occur through normal vaginal delivery, but sometimes it is necessary to assist the delivery with instruments such as forceps, spatulas, vacuum extraction, or a caesarean section depending on the situation. Should that time come, you will be informed about what is best suited for your particular case.

At the time of my baby's birth, I wish to:

- ☐ Adopt the most comfortable position for me (on all fours, on my side, legs in stirrups, semi-reclined...)
- ☐ Have a mirror available during the pushing stage
- ☐ Touch my baby's head as it crowns (starts to emerge)
- ☐ Hold him/her in my arms immediately after birth
- ☐ Add suggestions, needs or specific desires

Once the baby is born, the umbilical cord will be clamped. There is the option to clamp it once it stops pulsating or after one minute, as recommended in national neonatal resuscitation guidelines. If you choose to donate cord blood, the clamping will be done either immediately or after a minute has passed.

I have spoken to my midwife about this, and I would like to:

- ☐ Wait until it stops pulsating before clamping
- ☐ Donate cord blood with early umbilical cord clamping (to obtain the maximum number of blood cells)
- ☐ Donate cord blood and clamp the umbilical cord after a minute has passed
- ☐ Have my birth partner cut the cord
- ☐ I wish to cut the umbilical cord myself
- ☐ I would like to discuss this topic with the team that will assist me during the birth

The delivery of the placenta

This is the moment when the placenta is expelled. To reduce the risk of postpartum haemorrhage, as recommended by the World Health Organisation (WHO), we offer you a managed third stage of labour. This involves administering a drug via an intravenous drip in reduced doses to help contract the uterus during the delivery of the baby.

I would like the following for the delivery of the placenta:

- ☐ Managed third stage of labour
- ☐ Spontaneous delivery
- ☐ I have no preference

I would like:

- ☐ Placenta print (material* that you must bring from home)
- ☐ Placenta donation
- ☐ Take the placenta home (sign document)

In some cases, it may be advisable to send the placenta to the Pathology or Microbiology Department for analysis. If this is the case, we will inform you and request your permission.

*Preferred dye colour for the print; it can also be done with the blood from the placenta. If done in this way, no additional materials are required.

Baby care

Immediate postpartum

For the first two hours following birth, you will stay in the delivery room with a midwife by your side, assisting you until your transfer to the ward.

Immediate 'skin-to-skin' contact between the baby and mother has been shown to have numerous benefits for their adaptation to life outside the womb, just as the early initiation of breastfeeding does.

To promote bonding, we carry out the assessment and the baby's initial care while maintaining 'skin-to-skin', intervening as little as possible:

The baby's weight and measurements will be taken upon admission to the ward.

Newborn prophylaxis

Vitamin K

The levels in a newborn are lower than those in an adult. This deficiency at birth is a risk factor for the development of haemorrhagic disease in the newborn, which can manifest with severe bleeding in the skin, gastrointestinal tract and brain. For this reason, administering Vitamin K at birth is recommended.

- ☐ I would prefer intramuscular administration of Vitamin K (a single dose)
- ☐ I would prefer the oral administration of Vitamin K. In this case, 3 doses of 2 mg will be given at birth, between the 4th and 6th day, and between 4 and 6 weeks
- ☐ I do not want my baby to be given Vitamin K

Ocular erythromycin

This is an antibiotic ointment applied to the baby's eyes to prevent conjunctivitis caused by various bacteria, including Chlamydia and Gonococcus.

- ☐ I would like ocular erythromycin to be administered to prevent infections
- ☐ I would like to delay the administration of ocular erythromycin by 2 hours
- ☐ I do not want ocular erythromycin to be administered

The prophylactic treatments for the baby will be given either after the first breastfeeding or 2 hours post-birth.

Breastfeeding

- ☐ I would like to breastfeed my child
- ☐ I would like an early start to breastfeeding, offering the breast immediately after birth, and would like assistance from the midwife if needed
- ☐ I would like to feed my child with formula milk

My stay in the hospital ward

We have two inpatient wards, one of which has single rooms. The rooms are designed to provide all necessary care, ensuring that you do not have to be separated from your child at any time.

During my stay on the ward, I would like:

- ☐ To receive advice and support on breastfeeding
- ☐ To be informed and asked for permission before the administration of any medication/supplement that my child may need
- ☐ For my night-time rest to be respected
- ☐ I have specific dietary requirements which I would like to be accommodated:

Postpartum follow-up after hospital discharge

For normal deliveries, hospital discharge is typically after 24 hours and after 48 hours for caesarean sections, provided no complications arise.

The short hospital stay promotes family bonding at home and recovery in a private environment. In these cases, to ensure continuity of care in the first postpartum days, a home visit will be arranged. The hospital will inform the local ASSIR, and after contacting you by phone, a midwife will visit within 24-48 hours following hospital discharge.

If your hospital stay is extended, you will need to contact your local ASSIR to schedule a visit with your midwife.

During the postpartum visit, the midwife will review your overall health, provide breastfeeding support, address concerns related to baby care and schedule a follow-up appointment at the ASSIR. The heel prick test will also be conducted if it was not done at the hospital.

☐ I do not wish to receive a home visit; I will arrange the appointment myself

Other needs to consider

It is possible that some needs or desires may not be addressed in this document. Therefore, we would appreciate it if you could specify them here. The obstetric team will address them as much as possible, and it will also help us improve our services:

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