

PREPARING FOR BIRTH

This birth preference form is designed to be used as a discussion tool with your midwife or doctor. Please bring this to your 34-36 week appointment at Bendigo Health.

Name: _____

Contact number: _____

Support person: _____

Contact number: _____

Others who you wish to attend the birth (pending visitor restrictions):

WHEN TO CALL THE HOSPITAL

Contact: Assessment clinic (9.00am-5pm, Monday-Friday): 5454 7288

After-hours (Birth suite): 5454 8582.

Mamta clients – please call your Mamta midwife on the number you have been given between 8am-6pm

Call the hospital if you experience any of the following symptoms:

- If your waters break. This may occur before or after labour contractions begin (call Birth Suite)
- If you have vaginal bleeding that is not mixed with mucous*. Vaginal bleeding with lots of mucous is called a 'show'. You can also get a show if you had a vaginal examination or stretch and sweep *(call Birth Suite)
- If your contractions are regular, painful, last more than 45 seconds and are closer than five minutes apart
- If you are frightened or unsure about what is happening
- If you feel your baby's movement pattern is different to their normal pattern.

EARLY LABOUR AT HOME

Sometimes early labour is called the latent phase of labour, or pre-labour. If you are having a baby for the first time, pre-labour may last for a few hours, days or sometimes weeks, and can come and go. The irregular contractions that you may feel during this time are making your cervix (the neck of the uterus) soften and thin out, ready to open further. Most women experience contractions as similar to intermittent period pains, or back pain.

Research tells us that in the absence of complications, staying at home during the first stage of labour is safe for you and your baby, as it allows you to have the comforts of your familiar surroundings and reduced rates of intervention. Listen to your body and do what you instinctively feel is right for you – your experience is uniquely yours.

During early labour at home, try to rest between the tightenings. If you have any questions or concerns, or would like to be checked, you can call the hospital at any time. If you are feeling comfortable at home, we suggest you call once the tightenings become regular, strong and closer than five minutes apart.

Some things that you can try to help you during early labour include:

- Choosing support people who will help you feel calm and relaxed
- Rest and relax between tightenings
- Keep drinking fluids to prevent dehydration
- Keep a positive frame of mind (use positive affirmations if you want to)
- Use a TENS machine (trans-electrical nerve stimulation).
- Changing position – you can try standing, walking, lying on your side, leaning on your partner or support person or on a bean bag or squatting.
- Have a warm bath or shower
- Place a hot pack over the area where you feel most pain
- Have someone give you a massage
- Listen to music to distract you from the pain of contractions
- Use aromatherapy (ensure these are safe for pregnancy/labour, including essential oils added to massage oil or oil burner)
- Use breathing as a focus point.
- Take paracetamol as per packet instructions.

LABOUR AND BIRTH

Many people find labour is painful, but the techniques above can help manage the pain of labour. Having encouraging and supportive people caring for you is also very important.

Please tick the relevant boxes below to indicate your preferences or anything you would like to discuss further with your midwife.

ENVIRONMENT

- Dim lights/dark room
- Quiet music (some speakers are available in birthing suites depending on availability. You may also bring your own.)
- Aromatherapy oils (please supply your own. We have diffusers you can use). Please note that some oils are not safe for pregnancy/labour, so please discuss with staff first.
- Other: _____

MOBILITY IN LABOUR

- I would like to keep active during labour and birth (fitball, walking, etc.)
- I would like to use upright positions in labour (standing, forward leaning)
- I am happy to receive guidance from my midwife

If deemed medically necessary, for you or your baby's safety we may ask you to hop on the bed or roll onto your side. You may also need to use the stirrups to help you and your baby.

COMFORT DURING LABOUR/NON-MEDICINAL PAIN RELIEF

- Massage. You can ask your support person to look up techniques to assist with pain relief in labour.
- Bath. If you would like to use the bath in labour, please discuss with your midwife or doctor as it is not recommended for everyone and may not be available
- Shower
- Heat packs
- TENS (please provide your own – you can hire online from TENS Australia)
- Exercise ball

PAIN RELIEF IN LABOUR

- I would like to manage pain without medications
- I am open to all pain relief options and am happy to have suggestions made by my midwife or doctor
- I would like to be offered pain relief by staff
- I would like to ask for pain relief, rather than be offered by staff

PAIN RELIEF OPTIONS

- Nitrous gas. The purpose is to reduce the sensation of the contraction. It is most beneficial during the first stage of labour. The gas does not enter your bloodstream so does not affect the baby. It also does not affect your ability to move freely.
- Sterile water injections. Some people find these helpful if they are experiencing back pain during labour. Small injection sites form pockets under the skin, which offers relief from back pain by blocking the pain messages from the lower back. This also aids the release of endorphins.
- Morphine. Morphine is a drug that provides strong pain relief. It is usually given by injection. A vaginal examination may be recommended prior to having morphine.
- Epidural. In labour, epidurals are used to attempt to remove pain sensations from approximately the waist down. An epidural is an anaesthetic administered by an anaesthetist. For more information regarding epidurals please visit <https://www.bendigohealth.org.au/labourandbirthing/>

MONITORING

Your doctor or midwife will recommend the best way of monitoring your baby's wellbeing during labour. In the absence of complications, your midwife will regularly listen to your baby's heartbeat to ensure they are coping with the demands of labour. If there are risk factors for the baby becoming distressed during labour, continuous monitoring of your baby's heartbeat may be recommended. If you have any questions or concerns about the monitoring of your baby, please discuss with your midwife or doctor. If continuous monitoring is required and you are very active in labour, or the baby's heart rate is difficult to trace, staff may recommend a fine wire electrode placed just under the baby's skin to better monitor heart rate for your baby's safety.

- I would like to discuss this further
- I am happy to follow recommendations as they are made

WATERS

Some people's waters break prior to labour starting, some can break during labour, and some do not break at all, all of which are normal. Some people may also require their waters to be broken artificially to start or progress labour. If your waters break, or if you are unsure, call the hospital. We will monitor the colour of the fluid – clear or pink are normal. Sometimes the fluid can be a yellow or green colour if your baby has done a poo during your pregnancy. This is not uncommon, but may be a sign of stress and means we will recommend continuously monitoring your baby.

- I would like to discuss this further
- I am happy to consider having my water broken for me if necessary



VAGINAL EXAMINATION

Examinations are used to assess labour progress. Before each examination, the examiner will gain your consent and discuss the reason the examination is being recommend. These internal assessments will be performed by your midwife or doctor.

- I would like to know my examination findings
- I would not like to be told my examination findings
- I have some preferences/concerns about vaginal examinations that I would like to discuss further

PERINEUM PROTECTION

The perineum is the small area between your vulva and anus. The birth of your baby can sometimes cause this area to tear. We can do many things to prevent significant tears (i.e. third and fourth degree tears).

We encourage the birthing person to commence perineal massage at home from 36 weeks.

With your consent, we place warm cloths on this area while your baby is being born to help the skin stretch.

We also help you guide the baby out slowly during birth.

EPISIOTOMY

An episiotomy is when your midwife or doctor makes an angled cut of the area between the vagina and anus to make some more space for the birth of your baby. An episiotomy may be recommended if, in the final stages of labour, your birth needs to be expedited or if there is a reason that you may sustain a tear involving the muscle around your anus (third or fourth degree tear) e.g. you have had a previous severe tear or your birth is being assisted. We do not recommend routine episiotomies.

- I would like to discuss episiotomy further
- I am happy to discuss this during labour if it is recommended for me
- I would like more information about perineal tearing (please ask us in your antenatal appointment)

ASSISTED BIRTH

Sometimes it is recommended that the birth of your baby is assisted. This may be because the baby has become stressed at the end of the labour, if the pushing phase of your labour is prolonged or you become exhausted. If this is required, your doctor will make an assessment and discuss with you the best way to help you birth your baby. This may be with the forceps or a vacuum. Assisted birth increases the chance that you may have a tear involving the muscle of your anus (third or fourth degree tear), and so usually it is recommended to have an episiotomy to reduce that risk.

- I would like to discuss assisted birth further
- I am happy to discuss this during labour if necessary for me or my baby

CAESAREAN

If an emergency caesarean is required for any reason for you or your baby's safety, your midwife and doctor will talk to you about the process. Please let us know if any of the following are important for you:

- Drop the curtain at time of birth to see baby being born
- I would like my support person to come with me to the operating theatre if possible (please note we can only accommodate one support person to go to theatre)



- Skin to skin
- Breastfeed in recovery room
- Photos in theatre (if staff available) bring your phone/camera down with you
- Support person to trim baby's cord

PLACENTA DELIVERY (THIRD STAGE)

The third stage of labour is when your placenta is birthed. We recommend active management of the third stage, which involves injection of a medication as the baby is born which reduces the risk of excessive blood loss (post-partum haemorrhage) after birth by 50%. Gentle traction on the umbilical cord to help the placenta birth is also recommended. Birthing the placenta without this medication is called physiological management. If you are interested in this option you should discuss this with your midwife or doctor.

- I would like the recommended active management of third stage (medication and active delivery of the placenta)
- I would like a physiological third stage - no medications to assist with delivery (If you would like this option we recommend discussing this with you midwife or doctor in pregnancy for counselling)
- I would like to discuss management of third stage further
- I would like to take my placenta home
- I would like my birth partner to cut the cord
- I/my support person would like to reveal the baby's gender after birth
- I would like immediate skin to skin if my baby is well (standard Bendigo Health practice)
- I would like delayed cord clamping if my baby is well (standard Bendigo Health practice)

BABY MEDICATIONS

Vitamin K helps prevent a bleeding disorder caused by a Vitamin K deficiency (Vitamin K deficiency bleeding (VKDB) of the newborn).

- I would like my baby to have the single recommended injection of vitamin K
- I would like my baby to receive the first of multiple oral vitamin K doses
- I would not like my baby to receive any vitamin K (if you prefer this option a paediatrician will discuss this with you before discharge home)

Hepatitis B is the only immunisation required at birth and is given as a part of Australia's universal immunisation program.

- I would like my baby to have the single recommended injection of Hepatitis B vaccination
- I would not like my baby to receive the Hepatitis B immunisation

BABY FEEDING

We support women and families to feed their baby in whatever way they feel is best for them and their baby. Bendigo Health has a Breastfeeding Support Service you can access for up to six weeks post birth if you require assistance. Call 5454 7288.

- I would like to attend antenatal breastfeeding classes (please book online)
- I would like to exclusively breastfeed



- I would like to formula feed
- I would like to try a mixture of breast and bottle feeding
- I wish to breast feed but I'm willing to switch to formula if medically indicated
- I have been informed of the benefits of antenatal expressing from 37 weeks onwards (If not please ask us)
- I have donor breast milk if necessary (unscreened/unpasteurised donor milk is not recommended by Bendigo Health. Ask your midwife for more information if you are considering donor human breastmilk)
- I do not want my baby to be given a dummy (Bendigo health does not supply dummies)

POSTNATAL CONSIDERATIONS

- Consider support people/social network once home
- Limiting visitors
- Pre-cooked/frozen meals in freezer
- Aware of MCHN/new parenting groups
- Have paracetamol/ibuprofen at home if needed (only take as directed)
- Consider contraception choices post birth – there are options that are available to you prior to going home with your baby. We encourage you to discuss this with your midwife or doctor prior to discharge so we can assist you in finding the right contraception option for you. For more information, visit the [Sexual Health Victoria website](#).

If you have any questions or are unsure about anything in this document, please ask your midwife at your next appointment. If you have any urgent concerns call us at any time.

Additional comments/requests I have:

References:

National Health Service, United Kingdom (2021). How to make a birth plan. <https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/how-to-make-a-birth-plan/>

Safer Care Victoria (2023). Care during labour and birth. <https://www.safercare.vic.gov.au/clinical-guidance/maternity/care-during-labour-and-birth>

The Royal Women's Hospital (2023). Labour & birth. <https://www.thewomens.org.au/health-information/pregnancy-and-birth/labour-birth/>