

This is a sample birth plan and reviews our policies for pregnancy, labour, delivery, and post-partum care. You do not have to have a birth plan of your own but please read through our clinic policies and circle any items that you have questions or concerns about.

*In this document, we use terms such as “mother” or “father”. However, parenting takes on many forms and some parents may wish to use other terms. We also use “breastfeeding” while some prefer “chestfeeding”. Some also identify with different pronouns. If this applies to you, please let us know and we will respect the terms you identify with.*

### **During Pregnancy**

- We prefer to see you as early as possible so we can get to know each other over the course of your pregnancy.
- We will measure your pregnancy in terms of weeks, not months, as this is more accurate.
- Visits are once monthly for the first 28 weeks, every 2 weeks until 36 weeks, and weekly thereafter.
- We usually measure your weight, blood pressure, and baby's heart rate at every visit.
- We offer lab work at our first visit with you (if it hasn't been done already) and again at 26-28 weeks.
- We request an ultrasound at approximately 18-20 weeks; for many women, this is the last routine ultrasound.
- For patients with an Rh-negative blood type, we offer an Rh-Ig injection (also known as WinRho) at 28 weeks.
- We will request additional testing as required throughout your pregnancy.
- We routinely perform a vaginal and rectal swab at 36 weeks to test for a bacteria called Group B Strep (GBS).
- If there are concerns that your pregnancy may no longer be considered low risk, we will consider referring you to Calgary for pregnancy management including labour and delivery.
- We routinely refer patients to Calgary if they have a body mass index (BMI) over 41 at any point in their pregnancy because of increased risks to both patients and their babies.

### **Due Date**

- Your due date is usually determined by an ultrasound at 7-12 weeks of pregnancy.
- Please feel free to ask for clarification as to how we calculated your due date.

### **Membrane sweeping**

- We offer weekly membrane sweeping to women starting at 38 weeks; this is entirely optional.

### **Induction**

- Induction of labour may be recommended for a variety of reasons.
- We only perform inductions if medically indicated, such as going overdue by more than 10 days; for safety reasons, we cannot induce early for discomfort or convenience.
- If an induction is necessary, the risks and benefits of each method will be discussed with you prior to proceeding.

### **Labour and Delivery**

- We recommend that you walk or move around as much as is comfortable during your labour.
- We provide water and juice during labour to help prevent dehydration.
- We make every attempt to limit the number of vaginal examinations during your labour.
- We do not strictly limit who may visit you or support you during labour, although we are bound by Alberta Health Services regulations on visitor policies. There may be times when your visitors are asked to leave for your privacy or because of a concern about your or your baby's health. Your support people will not be asked to leave except at your request.
- We encourage you to labour and push in any position that is comfortable for you, including kneeling, squatting, laying on your side, etc. If possible, we will allow you to deliver in whichever position is most comfortable, however, for safety, we may recommend a specific position.
- For many low-risk patients, we are able to accommodate water labours and births but cannot guarantee this.
- We routinely administer oxytocin with the delivery of the baby's shoulders to help prevent bleeding and prevent the placenta from getting stuck. This can be administered by a needle into your leg or through an IV.
- Our preferred method of monitoring the baby during labour is intermittently listening to the baby's heart with a portable machine. We do not routinely perform continuous monitoring unless there is a medical reason to do so.
- We do not routinely insert intravenous (IV) lines during labour. We may need to start an IV if we need to administer medications (such as antibiotics) or fluids if you become dehydrated during labour.
- We do not routinely start antibiotics unless your test at 36 weeks is positive for Group B Strep. Other antibiotics may be recommended depending on concerns for your baby's or your health.
- We do not routinely recommend augmentation of labour. If your labour progress is very slow, we may recommend augmentation. If this is required, we will usually attempt to break your water first and then proceed to IV oxytocin if required.

- We do not routinely recommend any particular pain management method during labour. We have many options for pain medications including acupressure, massage, nitrous gas ("laughing gas"), the shower or tub, narcotic pain medications, and epidurals. You are welcome to access or bring hypnosis, TENS machines, etc. We will wait until you request something for pain before discussing your options with you during labour.
- If you choose an epidural for pain control, our anesthesiologists do their best to provide a "walking" epidural to allow you to continue to move around during labour.
- We do not routinely perform episiotomies. These are reserved for situations where there is immediate risk to the baby.
- We make every attempt to avoid caesarean sections (C-sections) unless required by the health of you or your baby. If a caesarean birth is necessary, one support person may accompany you to the operating room. If all is OK medically, we will bring your baby to you soon after delivery, even before the surgeon is finished. We encourage breastfeeding or expression (removal) of early breast milk (colostrum) in the recovery room, if possible.

#### **After Delivery**

- We routinely place your newborn baby on your chest immediately after delivery where they remain for the first hour of their life; this is called skin-to-skin care. If there are concerns for your baby's health, they will be taken to a warmer in your room within sight of you and your support people for evaluation and resuscitation as needed.
- We routinely practice "delayed cord clamping" where we wait 1 minute or more to cut the umbilical cord unless the health of you or your baby is at risk. We encourage you or your support person to cut the cord if you prefer.
- We will wait for your placenta to deliver naturally for as long as possible before intervening to remove it.
- We will massage your uterus to help it contract and naturally limit bleeding after your placenta is delivered.
- We will attempt to save cord blood for donation or storage at your request. It may not be possible to do both delayed cord clamping and cord blood donation; please feel free to discuss this with us prior to delivery.
- Unless you have an epidural in place, we use local freezing to repair any tears you may have acquired during delivery. We use only dissolvable stitches.
- We do not routinely insert a catheter to drain your bladder during or after labour. We will make every attempt to help you empty it on your own.
- We do not routinely separate you from your baby during your hospital stay; your baby will be "rooming in" with you during your hospital stay.
- We routinely give your baby a vitamin K injection (to reduce bleeding) within the first hour after delivery. This will usually be done while baby is skin-to-skin with you or your partner.
- We encourage your support person to stay in hospital as well and will provide a bed/couch for your partner to sleep on.

#### **Feeding the Baby**

- We encourage breastfeeding and like to begin as soon as possible after delivery, ideally within the first hour of baby's life.
- Unless medically necessary, we do not provide formula or anything else to your baby by mouth or in a bottle unless you request it.
- We do not provide pacifiers for babies; hospital staff will provide education regarding pacifier use and we leave this decision up to you.
- We have good resources available for breastfeeding support and recommend a lactation consultant as needed.
- **Post-Partum Care** Patients usually remain in the hospital for 24 to 48 hours after delivery or longer if needed.
- We see patients and their babies for a routine checkup when your baby is 1 week old and again when your baby is 6 weeks old; we see patients more often as needed.

#### **Personal Trauma**

- If you have encountered personal trauma (abuse, violence, etc.), please let us know if there is anything we can do to help make your experience here more comfortable. Please note that these conversations are strictly confidential.

After reviewing the above information and asking any clarifying questions, please sign to say you understand and agree to the policies outlined above. For any changes or specific requests, please let us know and attach a second page.

I, \_\_\_\_\_, have read this document and agree to the care as outlined above.

\_\_\_\_\_  
(Patient's Signature)

Date: \_\_\_\_\_