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Publishers

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# BIRTH PLAN



From: *The Autism-Friendly Guide to Pregnancy, Birth and the Fourth Trimester*. Available online at:



# Birth plan part 1: Where and when to give birth

Name: .....

Decision to be made	Choices	Decision (Tick all that apply)	Notes
<b>Location and who should be there</b>			
I want to give birth	At home	<input type="checkbox"/>	
	At home – alone (free birthing without a midwife) if necessary	<input type="checkbox"/>	
	In the midwifery-led unit or birthing centre – not at a hospital	<input type="checkbox"/>	
	In a midwifery-led unit at a hospital	<input type="checkbox"/>	
	On an obstetric ward (with doctors present)	<input type="checkbox"/>	
	In a birthing pool	<input type="checkbox"/>	
	Having a planned (elective) caesarean section	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
At my birth, I want these people to be present	Birthing partner (name, relationship to me)	<input type="checkbox"/>	
	Second birthing partner (name, relationship to me)	<input type="checkbox"/>	
	Other, e.g. my doula (name and contact details)	<input type="checkbox"/>	
At my birth, I definitely <b>do not</b> want these people to be present...		<input type="checkbox"/>	
Staff	I want as few staff as is safe	<input type="checkbox"/>	
	I don't want any extra staff, like support workers, cleaners and people serving food, to come in without my consent	<input type="checkbox"/>	
	Please put a sign on the door saying, 'speak to midwife before entering'	<input type="checkbox"/>	
	I don't mind staff coming into the room	<input type="checkbox"/>	

Students	Student midwives can be at the birth	<input type="checkbox"/>	
	Student doctors can be at the birth	<input type="checkbox"/>	
	I don't want students at the birth	<input type="checkbox"/>	
<b>Things that try to speed up labour (inductions)</b>			
Stretch and sweep	I do not want a stretch and sweep	<input type="checkbox"/>	
	I am happy to try a stretch and sweep	<input type="checkbox"/>	
Breaking my waters	I don't want you to break my waters	<input type="checkbox"/>	
	I am open to breaking my waters being explained to me if medically necessary	<input type="checkbox"/>	
	I am happy for you to break my waters	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
Hormones in the vagina	I don't want hormone gels or tablets (pessaries) in my vagina	<input type="checkbox"/>	
	I am happy to have hormone gels or tablets (pessaries) in my vagina	<input type="checkbox"/>	
Devices to encourage the cervix to open (balloon catheter or dilator)	I don't want a balloon catheter or dilator to be used	<input type="checkbox"/>	
	I am happy to have a balloon catheter or dilator	<input type="checkbox"/>	
Oxytocin drip	I don't want oxytocin to speed up labour	<input type="checkbox"/>	
	I am happy to have oxytocin	<input type="checkbox"/>	
	I would like numbing cream on my skin if possible before putting in the drip	<input type="checkbox"/>	
	Please put the drip in my (choose: left or right) hand	<input type="checkbox"/>	

To feel relaxed and comfortable when giving birth vaginally I need...			
Sound	The room to be as quiet as possible	<input type="checkbox"/>	
	I do not want small talk with my midwife	<input type="checkbox"/>	
	I would like to tell my midwife about some things I am interested in	<input type="checkbox"/>	
	I have music or videos I want to be played	<input type="checkbox"/>	
	Conversations between health professionals should be outside the room when it would be safe	<input type="checkbox"/>	
Lighting	The lights to be as dim as possible	<input type="checkbox"/>	
	The curtains or blinds to be closed if possible	<input type="checkbox"/>	
	The midwife to use a spot light or torch during delivery, if safe	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
Touch	Hands-off care as much as possible	<input type="checkbox"/>	
	Do not touch me without asking me first and checking that I agree ('give informed consent')	<input type="checkbox"/>	
Soothing myself through repetitive movements	I may 'stim' by doing...	<input type="checkbox"/>	
<b>To feel relaxed and comfortable when having a c-section I need...</b>			
Staff and communication	Please explain to me who is in the operating room	<input type="checkbox"/>	
	I do not want any unnecessary people in the room	<input type="checkbox"/>	
	I do not want any unnecessary conversation in the room	<input type="checkbox"/>	
	I do not want to be spoken to by health professionals unless needed	<input type="checkbox"/>	
	I would like health professionals to tell me what's happening throughout	<input type="checkbox"/>	

Sound	I'd like my partner to quietly play some music	<input type="checkbox"/>	
	I'd like to wear noise cancelling headphones	<input type="checkbox"/>	
Light	I'd like the lights over my face to be dimmed if possible	<input type="checkbox"/>	
	I'd like to wear sunglasses or an eye mask (like people wear to sleep)	<input type="checkbox"/>	
Seeing baby	I want to be shown baby as soon as is safe after birth	<input type="checkbox"/>	
	I don't want to see baby until they have been cleaned up	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
Skin to skin	I'd like baby to be placed on my chest for skin to skin	<input type="checkbox"/>	
	I don't want to do skin to skin	<input type="checkbox"/>	
	My partner will hold the baby	<input type="checkbox"/>	
<b>When I am in pain</b>			
What I experience	I may show my pain differently to what you expect to see	<input type="checkbox"/>	
	Pain can make me begin to 'shutdown' – I may not look like I am in pain, as I internalize sensations	<input type="checkbox"/>	
	I <b>can/can not</b> rate my pain on a scale of 1–10	<input type="checkbox"/>	

How I communicate	I may be able to clearly and precisely tell you about the pain I am in; please believe me	<input type="checkbox"/>	
	I may not be able to speak	<input type="checkbox"/>	
	I use an app on my phone or tablet to say things for me	<input type="checkbox"/>	
	My birthing partner is allowed to speak for me	<input type="checkbox"/>	
	My birthing partner is allowed to make medical decisions for me	<input type="checkbox"/>	

# Birth plan part 2: Giving birth and pain relief

Decision to be made	Choices	Decision (Tick all that apply)	Notes
<b>Checking my labour progress</b>			
Touching my tummy (to check your contractions)	I do not want my tummy to be touched to check my contractions	<input type="checkbox"/>	
	I need to be asked and have time to decide each time you want to touch my tummy to check my contractions	<input type="checkbox"/>	
	I am happy for you to touch my tummy to check my contractions	<input type="checkbox"/>	
Vaginal exams (to check your cervix)	Please tell me if you think it is an emergency and you really need to do a vaginal exam. You still need to wait for me to consent.	<input type="checkbox"/>	
	I do not want vaginal exams	<input type="checkbox"/>	
	I want to wait and see what happens when giving birth	<input type="checkbox"/>	
	I can do my own vaginal exam	<input type="checkbox"/>	

	I agree to vaginal exams, but want to be asked for consent every time	<input type="checkbox"/>	
	I only want female midwives and doctors to do vaginal exams	<input type="checkbox"/>	
	Only women staff to do vaginal examinations unless it's urgently needed	<input type="checkbox"/>	
	I have had bad experiences in the past and I will need extra time and patience	<input type="checkbox"/>	
	If it hurts, I need you to stop immediately	<input type="checkbox"/>	
	No repeat vaginal examinations (e.g.: by the midwife and then the doctor)	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
<b>Communicating about birth progressing and pain</b>			
Moving into established labour or time to push	I am likely to be quiet and calm even when I'm in a lot of pain	<input type="checkbox"/>	
	I might become overwhelmed and stop being able to speak	<input type="checkbox"/>	
	Please can you check my cervix for progress if you don't believe me when I say I think my birth is progressing	<input type="checkbox"/>	
	If I say I am in pain, please believe me and provide more pain relief if it is safe	<input type="checkbox"/>	
<b>Monitoring baby</b>			
Continuous monitoring (usually using wires)	I prefer not to have continuous monitoring if possible	<input type="checkbox"/>	
	I would prefer to have telemetry (no wires) if available	<input type="checkbox"/>	
	Continuous monitoring using bands around my belly is OK for me	<input type="checkbox"/>	
	Continuous monitoring including a small clip on baby's head is OK for me	<input type="checkbox"/>	

Taking a tiny blood sample from baby's scalp during birth (foetal blood sampling)	I don't want foetal blood sampling	<input type="checkbox"/>	
	I'm happy to have foetal blood sampling if it is needed	<input type="checkbox"/>	
<b>When it's time to push</b>			
Helping me know when it's time	I'm worried that I won't know when to push	<input type="checkbox"/>	
	Can you check where baby's head is to let me know if it's time?	<input type="checkbox"/>	
When I'm pushing	I don't want you to talk to me unless necessary	<input type="checkbox"/>	
	I would like you to encourage me	<input type="checkbox"/>	
	Please say this to encourage me (write your answer)	<input type="checkbox"/>	
	Please don't say this (write your answer)	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
If I look like I'm running out of energy	I want you to encourage me if you think birth will happen soon	<input type="checkbox"/>	
	I want you to offer me assistance from a doctor to get baby out	<input type="checkbox"/>	
<b>My pain relief plan</b>			
I want to use	Natural methods, like hypnobirthing or aromatherapy	<input type="checkbox"/>	
	A water birth	<input type="checkbox"/>	
Check if the midwife or hospital has these or if you can bring your own.	A birthing ball	<input type="checkbox"/>	
	An active birth room	<input type="checkbox"/>	
	My birth partner massaging me	<input type="checkbox"/>	
	A warm cloth on the perinium	<input type="checkbox"/>	

	TENS machine	<input type="checkbox"/>	
	Paracetamol	<input type="checkbox"/>	
	Gas and air	<input type="checkbox"/>	
	Injected medication	<input type="checkbox"/>	
	Epidural	<input type="checkbox"/>	
	I would like anti-sickness medication with injected medicine or an epidural	<input type="checkbox"/>	
I do not want any medication	Please do not offer me any pain relief	<input type="checkbox"/>	

Decision to be made	Choices	Decision (Tick all that apply)	Notes
<b>Extra help to get baby out</b>			
Episiotomy (being cut)	I do not want to be cut – I will tear naturally if needed	<input type="checkbox"/>	
	I agree to be cut if it's needed – please make sure I consent at the time	<input type="checkbox"/>	
	I need pain relief in the area (local anaesthetic injection) before you make the cut	<input type="checkbox"/>	
If baby needs to be born urgently	It is important that you tell me what you are going to do before you do it and get my consent	<input type="checkbox"/>	
	I am happy for you to try using things like forceps or suction cup (ventouse) through my vagina	<input type="checkbox"/>	
	I would like you to show me the forceps or suction cup (ventouse) before you use it, unless it is an emergency	<input type="checkbox"/>	
	I would prefer a C-section	<input type="checkbox"/>	
	If I need a cannula (tube in my hand) for medication, please put it in my (choose: left or right) hand	<input type="checkbox"/>	

# Birth plan part 3: What happens after birth

Decisions for the hour after birth		Decision (Tick all that apply)	Notes
Cord clamping	I want delayed cord cutting (including if I have a caesarean)		
	I want me or my birthing partner to cut the cord		
	I want a health professional to cut the cord		
Vitamin K injection for baby	I want baby to have the vitamin K injection		
	I want baby to have vitamin K drops (by mouth)		
	I don't want baby to have vitamin K		
Delivering the placenta	I want to naturally deliver the placenta, unless there is a medical emergency		

Decisions for the hour after birth		Decision (Tick all that apply)	Notes
	I want to be given an oxytocin injection in my thigh to speed up delivering the placenta		
If I bleed heavily after birth	I understand that I may need extra medicines. If I am very unwell or unconscious, the midwives and doctors will make decisions for me.		
	If there is time, I would like you to explain your decisions to me and ask for my agreement ('consent')		
	I would like to talk to a midwife or doctor after treatment (have a 'debrief') to understand what happened		
Skin-to-skin and feeding baby after birth	I want skin-to-skin contact with baby		
	Only talk to me if necessary whilst I'm having skin-to-skin		
	I want to breastfeed		
	I want to formula feed		

<b>After-birth genital examination, tears and stitches</b>			
Doing the exam	I'm worried about the post-birth examination and if I need to have stitches – please tell me what you're going to do before you do it		
	If I am in pain, I will need you to stop and get more pain relief before you can continue		
	I would like you to tell me what you've found as you are doing the examination		
	I would like you to wait until the end of the examination to tell me what you've found		
<b>Feeding</b>			
Getting help with feeding baby	I'm not sure how to get baby latched on to breastfeed – please can I have some help		
	Please use a hands-off (not touching me) way of showing me things		
	Please don't touch me without asking first		

Decisions for the hour after birth		Decision (Tick all that apply)	Notes
	I'm not sure how to make a bottle of formula – can you please help me?		
	I'm not sure how to feed baby using a bottle – can you please help?		
	I don't know how to 'wind' or 'burp' my baby – can you please show me?		
After labour ward			
Location	I would like to go home as soon as possible after birth if it's safe		
	I will go to the postnatal ward		
	I would like a side room on the postnatal ward – <b>tell your midwife this in a routine pregnancy appointment</b>		