

BIRTH PLAN | Respect for motherhood

Care during childbirth for the pregnant woman

My information

Medical record number:.....


Full name:.....Age:.....

Number of children:..... Estimated delivery date://

Reference hospital or health centre:.....

Have you had any preparation for childbirth? ☐ Yes ☐ No

Type of childbirth preparation:.....

 @maternitat_hospitalclinic

1 INTRODUCTION

The objectives of this birth plan are to encourage as natural a birth as possible, without unnecessary interventions and to empower the pregnant woman and her companion in the decision-making process. We follow your needs and preferences at all times, guided by the expertise of our team of professionals.

We offer a warm, intimate and pleasant environment that respects natural birth. The Clínic Barcelona - Maternity Unit is a tertiary hospital with professionals that ensure the safety of the mother and baby at all times, providing excellent maternal and neonatal outcomes.

This birth plan is intended for low- and medium-risk pregnant women. If you have any risk factor, this document may require modifications. In such a case, your midwife or gynaecologist will guide and help you to adapt childbirth to your preferences, according to the situation and at any given time.

Both ASSIR (Sexual and Reproductive Health Care) primary care and hospital professionals can advise you when discussing and preparing the plan, helping shared decision-making. The preparation of this document is a dynamic process: You can change your mind at any time, depending on your circumstances and experiences, both before and on the day of delivery.

2 COMPANION OF CHOICE

Continuous support during childbirth has been linked to greater satisfaction with the process. Having someone you can trust, whether a partner, family member or friend, can help reduce anxiety and fear, and even the use of pain relief medication.

During childbirth, I would like to be accompanied by:

Full name:

Relationship:

3 TEAM PROFESSIONALS

To ensure privacy during labour and delivery, we will limit the number of professionals present as much as possible.

These professionals will assess the progress, fostering a relationship of mutual trust among those participating in your delivery. As it is a teaching hospital, training professionals, such as midwifery or obstetrics residents, may be present during the process.

You have a right to know about the possible presence of Nursing or Medicine students, whether undergraduate or graduate, and you may accept or refuse to have them present. You also have a right to know about the possible presence of professionals not directly involved in the care process (such as researchers or students), and you may accept or refuse to have them present.

4 PHYSICAL SPACE AND COMFORT

We have very comfortable delivery rooms with a wide range of materials to make you feel in an intimate and welcoming environment. These rooms have their own washbasin and some even have a shower. You can listen to music and adjust the colour and intensity of the light, as well as the temperature, using touch screens.

We also have birthing chairs, birthing ropes, balls, cushions, heating belts for local heat application and other aids. You can also bring any other materials you need to feel comfortable and relaxed.

Our delivery rooms are individual rooms where you will be throughout labour, delivery and the first hour of your baby's birth.



5 THE PROCEDURES

We follow the care guidelines recommended by the World Health Organisation (WHO), which suggest a quality of care based on a woman's autonomy and physiology, with minimum medicalisation. We also adhere to the Natural Care in Normal Childbirth Protocol of the Generalitat de Catalunya and the Clinical Practice Guidelines for Care in Normal Childbirth of the National Health System.

The presence of your companion is encouraged during both vaginal and caesarean section births, whenever you wish and whenever this is possible. If no complications are anticipated during a caesarean section, we can offer "enhanced bonding"; where you will see your baby being delivered and immediately placed in skin-to-skin contact with you.

For your safety, we will attach a closed peripheral intravenous line, preferably in your non-dominant arm. This will be used only when strictly necessary for intravenous medication.

In the delivery room, you can drink water, clear liquids, pulp-free juices and isotonic drinks. For delivery without anaesthesia, light eating is permitted; for example, nuts or dried fruit.

We monitor your child's well-being with minimal intervention, **ensuring you have maximum freedom of movement.**

We do not perform non-recommended procedures, such as enemas, Kristeller manoeuvre, genital hair shaving or routine episiotomies.

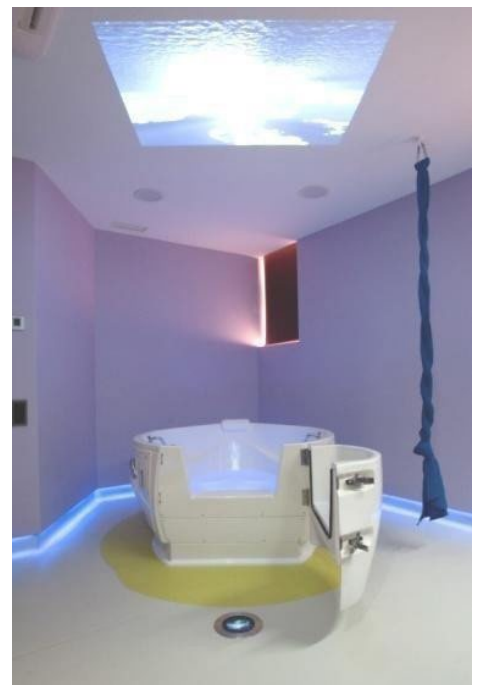
6 FOETAL MONITORING

We check the foetal heart rate during labour to ensure the baby's well-being during delivery. Foetal monitoring can be done intermittently if your pregnancy is low-risk and you are not taking medication to stimulate contractions or have not had an epidural. However, continuous monitoring is recommended if your pregnancy is high-risk. We have wireless monitors to promote mobility.

7 PAIN RELIEF

For pain relief, cooperation from your companion is essential. At the Clínic, we promote freedom of movement throughout the entire labour process by offering and recommending several resources, such as:

- Delivery rooms with various non-pharmacological resources provided by the midwife to help with pain management during labour. We offer balls, heat or cold bags, birthing chairs, birthing ropes, a shower and music.
- You can use relaxation and breathing techniques, which we teach you during our mothering classes, and skin stimulation techniques with massage, TENS (transcutaneous electrical stimulation), application of oils, heat or cold. You are welcome to bring complementary therapies.
- We also have two delivery rooms with bathtubs, so you can enjoy the benefits of hydrotherapy during labour.



- For pharmacological pain relief, we offer nitrous oxide gas, which is a gas that the patient administers and inhales intermittently to relieve anxiety and pain. We also have different forms of anaesthesia, such as local-regional, epidurals or low-dose or "walking" epidurals, which allow you to walk and move freely.
- You may bring any materials from home that you consider useful to help you during labour.

8 1ST STAGE OF LABOUR



1st stage of labour is the stage begins when the cervix starts to soften and it is completed when the cervix has opened to around 10 centimetres.

In spontaneous births, we normally allow labour to progress naturally without using synthetic oxytocin. If labour is not progressing well or if your child's well-

being is at risk, the professionals attending will inform you of the most appropriate recommendations, such as adopting a specific position or procedure.

We understand vaginal examinations can be uncomfortable and invasive, so these are performed only when strictly necessary, preserving your privacy. During this process, you and your midwife will be communicating constantly to make joint decisions.

During this period, you can request all the aforementioned resources to help relieve pain.

9 2ND STAGE OF LABOUR

The expulsion or second stage of labour is the moment your baby is about to be born. During this stage:

- You can begin pushing whenever you feel the need. If you don't feel this, our professionals will guide you on how to do it.
- You can adopt the position that feels most comfortable for you. The midwife can advise you on the most appropriate position at all times.
- In general, we provide manual protection of the perineum to prevent perineal tears. There is also the option of applying warm water compresses to the perineal area.
- We do not routinely perform episiotomies.
- We encourage you to watch your baby's birth, either through the cameras installed in the delivery rooms or through the use of a mirror. If you wish, you can bring a device to record this moment.

Once your baby is born:

- We immediately place the baby in skin-to-skin contact to promote better neonatal development. If the mother cannot perform skin-to-skin contact, we recommend the companion to do so.

If resuscitation is necessary, we will attempt to do so within the delivery room. Sometimes, however, more advanced resuscitation is best performed in a specific area; it is always recommended that the companion be present during resuscitation.

- We also postpone weighing your baby to avoid separation.

- We can perform delayed clamping, cutting the umbilical cord between 1 and 3 minutes or when pulsing has completely stopped. If you wish, you or your companion can do this. Our centre offers the option of collecting blood from the cord and placenta for the blood bank.
- If you have chosen to breastfeed, we encourage you to do so in the delivery room so your baby can latch on spontaneously. The team of midwives and paediatric nurses are available for any help you need.

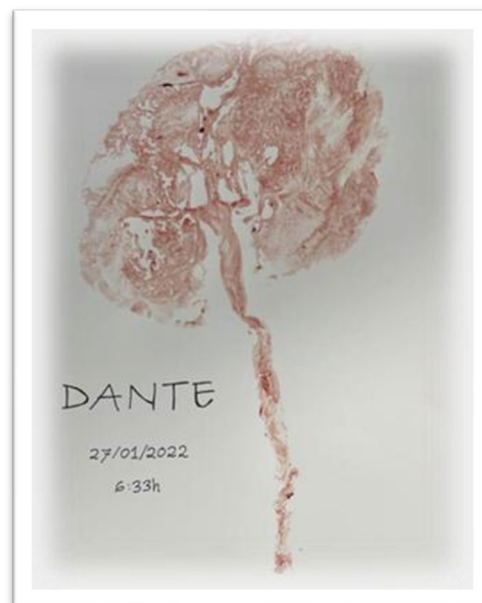
10³RD STAGE OF LABOUR

This is when the placenta comes out through your vagina.

To reduce the risk of postpartum haemorrhage, we recommend active management, which is administering synthetic oxytocin to help the uterus contract and speed up placenta delivery. In addition, encouraging breastfeeding in the delivery room can promote the release of endogenous oxytocin, thus helping the uterus contract properly.

Once the placenta is delivered, you have the option of:

- Donating the placenta to the Public Tissue Bank.
- Taking it home. You should bring a cooler to store it while you are in the hospital.
- Having a placental imprint as a reminder of this unique stage of mother-baby bonding during pregnancy. You should discuss this with your midwife.



11 LACTATION

The Clínic addresses lactation as follows:

- We support your decision regarding how to feed your baby.
- We recommend not using a dummy until breastfeeding is well-established. As a rule, we do not feed your baby any other way unless strictly necessary and always with your prior consent.

Both nursing and medical teams at our hospital are specialised in breastfeeding and receive ongoing training. For example:

- There is a midwife on the ward who offers breastfeeding support on a daily basis.
- There is a breastfeeding support clinic for more difficult breastfeeding situations.

Most ASSIR units have breastfeeding groups and specific consultations; the professionals can guide you through the different resources.

12 THE POSTPARTUM PERIOD

For the first hour after delivery, you remain in the delivery room. Thereafter, the midwife in charge will assess both you and your baby and, if everything is fine, you will be taken to your hospital room.

The baby will always be with you in the room. The paediatrician will visit the baby once a day in your room; as will the nurse in charge of monitoring the baby's weight and taking measurements.

The usual stay for a safe vaginal delivery is 24 hours. The hospital coordinates with your local ASSIR centre to ensure follow-up care during the postpartum period. For

discharges of 24 hours or less, you will also receive a phone call from the midwife in charge of the ward after 2-3 days. Hospital discharge for a mother with a caesarean section is currently 48-72 hours, depending on her progress.

Discharge before 24 hours is possible for families who wish to do so. This must be confirmed by the paediatrician and the midwife, and must be followed up at home by the ASSIR centre.

At the Maternitat Headquarters of Clínic Barcelona, there is a midwife who specialises in pelvic floor therapy. She is also in contact with the Pelvic Floor Section, if specific treatment will be required for women with pelvic floor risk factors.

13 CARING FOR YOUR BABY

Once the baby is born, we will assess the baby, take general measures to prevent it from cooling, and identify the mother and child, maintaining and respecting skin-to-skin contact.

Our protocol recommends administering vitamin K and eye protection to prevent bleeding and infection, respectively:

- If you decide to have vitamin K and eye protection administered to your baby, this is not done immediately after birth. They are administered before the baby is transferred to the main hospital, while maintaining skin-to-skin contact at all times. It shall be administered prior to transfer to the hospital room.
- To prevent vitamin K deficiency bleeding (haemorrhagic disease of the newborn) it is recommended to administer vitamin K within two hours and no later than six hours after birth. A single intramuscular dose is recommended. However, if parents refuse this method, it can also be administered orally at birth, with repeat doses at one week and one month of age.

- Ocular prophylaxis with antibiotic ointment is recommended to prevent ophthalmia neonatorum caused by various microorganisms, the most common being *Chlamydia* or *Neisseria gonorrhoeae*. This ointment should be administered shortly after birth to promote first eye contact between mother and baby, but can be delayed until the baby is 4 hours old.

The nursing staff will provide you baby healthcare education during the hospital stay:

- Bathing the baby is not recommended within the first 24 hours after birth, as this is the time required for the vernix to be reabsorbed. This is the substance that coats the baby's skin, providing numerous benefits. If it cannot be delayed for that long, for cultural reasons perhaps, one should wait until at least 6 hours after the birth.

Other assessments performed as part of the protocol include:

- Hearing tests, as an early check for deafness, which are performed from 24 hours after birth.
- Early diagnosis of metabolic disorders (the heel prick test), between 24 and 72 hours after birth. If you are discharged after 24 hours, an ASSIR midwife will come to your home to carry out this test or you will need to bring the baby back to the hospital within 3 days. During this visit, the midwife will also answer any questions and provide support.

14 COURSES OFFERED:

DURING PREGNANCY (find out more at ceobsmater@clinic.cat)

The following courses and workshops are offered:

- Virtual information session about our hospital.
- Maternity support programme: group sessions led by a midwife where birth, postpartum and breastfeeding information is given. Body awareness is a part of these sessions.
- Family Education: group sessions led by a paediatric nurse are designed to help parents prepare for the arrival of the newborn.

DURING POSTPARTUM (find out more at infosessions@clinic.cat)

The following courses and workshops are offered:

- Penguin method: An innovative method that provides families with tools to support their children, based on knowledge, equality and respect.
- Baby first aid workshop: Theoretical and practical workshop to provide parents with knowledge and resources in emergency situations.

15 "CALL THE MIDWIFE" PROGRAMME

When contractions begin, you may be unsure about whether to go to the hospital or if you should wait a little longer at home. Also, your waters may break without having had contractions. If your pregnancy is low risk and more than 37 weeks, we have a 24-hour phone line to contact a midwife who will guide and advise you if you find yourself in any of these situations.

16 “WAIT” PROGRAMME

The "Wait" Programme (Expectant Care at home for low-risk pregnant women with Premature Rupture of Membranes) is offered to pregnant women in this situation who have not yet gone into active labour.

This programme allows pregnant women to opt for a waiting period at home, with a maximum of 24 hours, until labour begins spontaneously, instead of immediate admission to hospital.

17 “LABOUR INDUCTION AT HOME WITH A DOUBLE-BALLOON CATHETER” PROGRAMME

If labour needs to be induced in low- to medium-risk pregnant women, the hospital offers the option of doing so at home in a pioneering, innovative, evidence-based scientific programme.

This method allows the first phase of labour (cervical ripening) to be carried out in a more physiological manner in an intimate environment such as the home, simulating the onset of spontaneous labour as much as possible. This method also guarantees increased satisfaction for the expectant mother, maintaining maternal and neonatal safety, while significantly increasing the success of labour induction.

MY PREFERENCES

Select your preferences regarding:

Physical space and comfort:

- ☐ I want to be able to listen to music.
- ☐ I want to be able to control the light intensity.
- ☐ Others:

The procedures:

- ☐ I want to be accompanied at all times.
- ☐ I want to take part in joint decisions made with the professional team.
- ☐ I will bring my own drinks.
- ☐ I want to wear my own clothes during labour.
- ☐ I want to be able to have "enhanced bonding" if I have a caesarean section.
- ☐ I want to bring other items from home, such as:

Foetal monitoring:

- ☐ Auscultation only (a 1:1 midwife-to-user ratio is required).
- ☐ Intermittent (20 minutes every hour).
- ☐ Continuous, with wireless transducers.
- ☐ I have no preferences.

Pain relief:

- ☐ I want to have/try a birth without anaesthesia.
- ☐ I want to use anaesthesia as soon as possible.
- ☐ I prefer low-dose or "walking" epidural.
- ☐ I prefer nitrous oxide.
- ☐ I want to use the following non-pharmacological methods:
 - ☐ Superficial or pressure massage with oils, which I will bring.
 - ☐ Superficial application of heat or cold.
 - ☐ TENS (Transcutaneous Electrical Nerve Stimulation), which I will arrange.
 - ☐ Warm bath or shower.
 - ☐ Others:
- ☐ I want to use complementary therapies, which I will arrange:
 - ☐ Homeopathy.
 - ☐ Bach flower remedies.
 - ☐ Aromatherapy.
 - ☐ Music therapy.
 - ☐ Hypnobirthing.
 - ☐ Others:

1st stage of labour:

- ☐ I would rather not induced labour unless necessary.
- ☐ Be informed if labour induction is considered necessary, so we can make a joint decision.
- ☐ I would like to be able to walk and move freely.
- ☐ I would like to use Spheredynamics or birthing ball exercises during labour.
- ☐ I would like to have 1st stage of labour under water.

2nd stage of labour:

- ☐ Use a camera to see the birth.
- ☐ Record the birth on a device I will bring.
- ☐ Get into the most comfortable position for me at the time.
- ☐ I want to be able to hold my baby as soon as it is born.
- ☐ I want warm compresses for the perineum.

Umbilical cord

- ☐ I want to perform delayed cord clamping.
- ☐ I want the cord to be clamped when it has stopped pulsing.
- ☐ I want to perform early cord clamping.
- ☐ If possible, I would like to be able to cut the umbilical cord, either myself or the person accompanying me.
- ☐ I want to donate the blood to the cord blood bank.

3rd stage of labour or placenta removal:

- ☐ Perform active placenta delivery to reduce postpartum haemorrhage.
- ☐ Perform physiological placenta delivery.
- ☐ I want to take the placenta home.
- ☐ I want to donate the placenta to the Public Tissue Bank.
- ☐ I want a placenta imprint.

Lactation:

- ☐ I want to breastfeed.
 - ☐ Initiate breastfeeding in the delivery room.
- ☐ I want to bottle feed my baby with infant formula.

Caring for your baby:

Vitamin K administration:

- ☐ I want my child to be given intramuscular vitamin K.
- ☐ I want my child to be given oral vitamin K. I will sign an informed consent form agreeing to administer the remaining doses.
- ☐ I want to postpone the administration of vitamin K.
- ☐ I will not give my child vitamin K and will sign the informed consent form, assuming the risks involved.

Ocular prophylaxis administration:

- ☐ I understand and accept the use of ocular prophylaxis.
- ☐ I want to postpone the administration of eye drops.
- ☐ I will not give my child ocular prophylaxis and will sign the informed consent form, assuming the risks involved.

Skin-to-Skin contact:

- ☐ I want skin-to-skin contact with my baby.
- ☐ If I cannot perform skin-to-skin contact, I want my companion to do so.

Other preferences and comments:

The expectations and needs regarding the care received during labour and birth also depend on each individual person and culture. If you have any other specific needs or requests, please note it in the space below and discuss it with the professionals on the day of delivery:

We appreciate your trust in our centre



 @maternitat_hospitalclinic

I,

with ID no. and my companion,

Are aware of the contents of this document and have chosen the options we consider appropriate. We declare we understand and accept the conditions for receiving care during childbirth and our duty to uphold the standards established by the centre and the staff providing these services.

We reserve the right to change all or some of the decisions expressed in this document at any time throughout the process.

If there is a risk to the child or mother, the professionals will inform us of the situation and implement the measures they deem appropriate.

Signature

Barcelona, of, 20.....