

CONSEJERÍA DE SALUD

# Plan de parto y nacimiento

CHILDBIRTH AND LABOUR PLAN



JUNTA DE ANDALUCÍA



**CHILDBIRTH AND LABOUR PLAN  
ANDALUSIAN PUBLIC HEALTH  
SYSTEM**

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## **CHILDBIRTH AND LABOUR PLAN**

### **ANDALUSIAN PUBLIC HEALTH SYSTEM**

This Plan may be used by pregnant women who wish to outline their preferences with regard to their care during the pregnancy, birth and beyond.

The health care personnel who will look after you will keep you updated with the latest news and provide you with all necessary advice, before and after you read through and draw up your Plan.

This Plan may be changed or not even followed. Should you wish to use another model or format, you may do so, and hand it in instead of this Plan.

## # INTRODUCTION

A labour and childbirth plan is a written document used by a pregnant woman to indicate her wishes and expectations with regard to the development of these events. It must be used to guide the team of professionals responsible for her during her stay in hospital. Although it may be drawn up at any time during pregnancy, it is advisable to do so between weeks 28 and 32.

Despite its name, its function is not actually to plan the development of labour or childbirth, in which many unpredictable variables are involved. In fact, it offers the opportunity for the pregnant woman to express her preferences for those aspects in which there are equally efficient and safe alternatives. In any case, simply by reading this document, you and your partner will gain a better understanding of everything that is going to happen and this will allow you to actively participate in the whole process.

However, the information on all of the subjects which are considered will be provided by the staff caring for you during your pregnancy, who will clarify any queries you may have. Do not hesitate to consult with them the implications of any decision you wish to take and they will provide appropriate guidance. If possible, visit the hospital where you intend to give birth.

Drawing up a plan like this will allow you to improve your communication with health care personnel and will avoid you having to reveal your wishes at times when you would prefer to concentrate on enjoying the experience of being a mother.

You must bear in mind that the plan is drawn up with the intention of being applied during a **normal labour** and must cover every woman as well as every situation. In the event that a complication arises, whether this is foreseen or unexpected, it is very likely that the plan will be modified in accordance with

the procedures for clinical action, for each situation. You will be informed of this and your consent will be requested.

This document contains one format of a labour and childbirth plan, which we hope will help you in drawing up your plan. However, you have the right to draw up any other, according to your convictions and preferences, safe in the knowledge that it will be received with equal attention, as long as the best interests of you and your future baby's health remain guaranteed.

Below, you will find some basic information on the various stages, situations and procedures which usually occur during labour, childbirth and your stay in hospital. In those cases where there are different, equally safe and effective options, you may indicate your preferences.

All those who are looking after you and your baby hope that the process takes place according to your expectations and wishes. They will act with due care and professionalism throughout the process.





## # BIRTH PARTNER

Andalusian legislation grants you the right to be accompanied by a person entrusted by yourself during the parturition, labour and postnatal stages, except where there is a duly justified cause.

I have appointed the following person to be my birth partner:

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## # 1. BIRTH CENTRE AND MAKING YOUR STAY COMFORTABLE

### Information:

Facilities such as labour wards, special equipment, comfort, individual rooms, etc., can differ from hospital to hospital. If you have the opportunity to visit your birth centre, please highlight any preferences.

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**Other options:** (mark your preferred option with an 'x')

- I wish to wear my own clothing.
- I wish to wear clothing provided by the hospital (a hospital gown).

## 1.1. SPECIAL REQUIREMENTS

### **Disability**

If you have any type of disability, certain facilities, equipment or instruments in the hospital may not meet your needs. Should you have a disability we would encourage you to visit the hospital beforehand to check that it is suited to all your needs. Any requirements can be looked at. You can also note any special requirements on this plan.

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In addition, if necessary, your usual carer will be present, if this is a different person from the person chosen to accompany you.

## **# 2. PRIVACY**

### **Information:**

In order to protect your right to privacy, only appointed medical staff will be present for your labour. Each staff member should introduce themselves formally and explain their role to you for your information.

In certain hospitals there are health care professionals undergoing training who will always act under the necessary supervision, with your knowledge and authorisation.

Should any other people outside of medical staff (trained or untrained) and birth partners wish to be present during your labour then your consent must be granted beforehand.

### # 3. INFORMATION AND DECISION-MAKING

In accordance with your rights you will receive information on the development of your labour and you will participate in the decisions relating to it, after being informed of the various options. In the cases provided for by law, informed consent shall be granted in writing.

If you have a disability, the following will be provided:

- A sign language interpreter (hearing impairment)
- Access to information in Braille format (visual impairment).

## # 4. PROCEDURES

### 4.1. HEALTH CARE STAFF

**Information:**

Where possible, you will be treated by the same members of medical staff during the entire process. However, this will be dependent on their availability.

### 4.2. ENEMA PRIOR TO LABOUR

**Information:**

Enemas are administered to act as a bowel stimulant. In general, they are not always necessary prior to labour. In the event their use is indicated, you will be informed of the reasons why and your consent will be requested.

### 4.3. HAIR REMOVAL PRIOR TO LABOUR

**Information:**

We do not recommend that you shave the pubic area prior to labour. In the event of episiotomy or vaginal tear hair removal may be required, at that moment around the perineum area, to facilitate suture.

## 4.4. FLUID INTAKE DURING DILATATION

### **Information:**

In general, there is no reason why you should not drink water or juice during dilatation. If it is not possible for any reason, you will be informed of the reason. Therefore, should you wish, you may ask for a drink from the health care staff who will ensure you have a drink delivered to you.

## 4.5. MONITORING OF THE FOETUS

### **Information:**

During labour, the status of the baby must be monitored. Traditionally, this is carried out by listening to the heartbeat. Currently, equipment is available which allows this monitoring to be carried out more precisely and continuously should the need come up. During labour it will not be necessary to be permanently connected to a monitor; therefore you will have greater freedom of movement. In the event of epidural anaesthesia, a more continuous means of monitoring will be required.

## 4.6. ADMINISTRATION OF MEDICINES TO SPEED UP THE LABOUR PROCESS

### **Information:**

The administration of medicines to speed up the labour process (oxytocin) is not recommended, except in the case of a medical reason for their use. In the event that drugs may need to be administered, you will be informed of the reason and your consent will be requested.

## 4.7. VENOUS CANNULATION

### **Information:**

Venous cannulation is not essential in the care of normal labour. However, it can be implemented without the need to be connected to a drip system, which allows mobility and facilitates the administration of medicines, if this is necessary. This is the most usual practice. If for any reason you do not wish this to be carried out, you may express your preference.

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## 4.8. GENITAL AREA

### **Information:**

The minimum vaginal touch necessary must be carried out in all cases, in order to assess the development of the labour by the relevant members of staff. In the event that another health professional carries this out, due to practice or training purposes, you will be informed and your authorisation will be requested in advance.

## 4.9. BLADDER CATHETERISATION

### **Information:**

It is not necessary to carry out bladder catheterisation during normal labour. Where necessary, you will be informed of the causes and the procedure and your consent will be requested.

## 4.10. BREAKING OF THE WATERS

### **Information:**

In general, the sac which protects the baby breaks spontaneously and it is not necessary to break it prior to labour. However, there are clinical situations in which rupture is indicated. If this is the case, you will be informed of the reasons and your consent will be requested.

## 4.11. EPISIOTOMY

### **Information:**

Episiotomy is a cut which is made in the perineum to facilitate the baby's delivery in some situations. Currently its routine implementation is not considered as vital as it may involve complications and negative effects. If it is necessary to go ahead with this procedure then you will be informed and your consent will be requested.

## 4.12. PUSHING THE BABY OUT

### **Information:**

The effort of bearing down during the delivery of the baby is called pushing. During normal labour, this must be carried out when the woman feels the need to do it and dilatation is complete. Pushing at other times and/or continuously is not advised and not beneficial, except in situations where an epidural anaesthesia has been given, which results in a reduction of sensitivity and of the urge to push.



## 4.13. CUTTING THE UMBILICAL CORD

### **Information:**

The umbilical cord is cut when it has stopped beating, except in the event of justified circumstances which require its previous cutting.

If you are going to donate the blood from the cord, the appropriate procedure will be followed, all information on this will be given during your pregnancy.

### **Options:**

#### **Cutting of the cord by your birth partner.**

If you wish, your birth partner may cut the cord. This shall always be carried out according to indications from the health care staff and if circumstances allow (mark with an 'x' to indicate your preference).

- I would like my birth partner to cut the cord, where possible.

#### **Donation of blood from the cord.**

If you wish to give away blood from the umbilical cord please inform your midwife or gynaecologist so that they can give you information on the procedure (mark 'x' if this is your preference).

- I have authorised the collection of blood from the umbilical cord for donation.

## # 5. TREATMENT AND MANAGEMENT OF PAIN

### Information:

There are numerous methods of managing and treating pain during labour. During your stay, privacy, a calm environment, mobility, relaxation, and other aspects which contribute to reducing the level of pain, will be taken care of. Ask for information from the members of staff who are dealing with your pregnancy and find out about the available alternatives in your hospital before making your decisions.

**Options:** (mark your preferred option with an 'x')

- I do not want (in principle) any type of pharmacological analgesia.
- I request an Epidural . (I have been informed of its effectiveness and possible side effects). It is essential that the informed consent document is completed before it is carried out.
- I want other forms of painkillers or alternative methods of pain relief (please specify):

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## # 6. OTHER CONDITIONS FOR THE DEVELOPMENT OF LABOUR

### 6.1. CHOICE OF PLACE AND POSITION DURING LABOUR

#### **Information:**

There are various postures for labour (lying down, standing, squatting, etc.) and various possible places on which to carry it out (delivery table, hospital bed, birthing chair, etc.).

Currently, there is no evidence to suggest which posture or place is the most appropriate to ease labour. The choice depends on each woman and her needs or wishes in each phase of labour. However, this may be affected by normal or abnormal development of labour and by the available means in each hospital.

In any case you may express your preferences, which will be respected as much as possible.

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## 6.2. MOBILITY DURING LABOUR

### **Information:**

Restricting freedom of movement during labour is not a recommended practice; therefore every woman is advised to choose what she requires at all times. If necessary, the health care staff will indicate the most appropriate action to take.

## 6.3. USE OF SUPPORT MATERIALS FOR LABOUR

### **Information:**

Depending on the availability of each centre, you may use, as indicated by the health professional dealing with you, materials such as birthing balls, mirrors, ropes, cushions, etc.

**Options:** (mark your preferred option with an 'x')

- I wish to use support materials provided by the hospital.
- I wish to use my own support materials.

Description:

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## 6.4. USE OF BATH / SHOWER DURING DILATATION

### **Information:**

Immersion in water during dilatation reduces the perception of pain and reduces the need for analgesic medicines in those women who wish to do so.

If this facility is available in your centre, you may request the use of a bath or shower during labour, to be used as indicated by the staff who are looking after you and provided that the development of labour allows this.

## 6.5. ACTIVE PARTICIPATION OF YOUR BIRTHING PARTNER

### **Information:**

Should you wish, and if the development of labour allows this, your partner may participate throughout the process, in accordance with the indications of the staff looking after you.

**Options:** (mark your preferred option with an 'x')

I wish for my birthing partner to participate in the process when I request this.

I do not wish to be accompanied.

## # 7. DIVERSITY AND IMMIGRATION

### 7.1. LANGUAGE

In the event of communication issues, you may need the assistance of an interpreter to facilitate communications with health care staff. In some centres this service is available for a variety of languages. Ask for your hospital for more information.

You may also be able to obtain necessary help by means of the various public institutions and citizens' associations. You may obtain information regarding this in the hospital, in your town hall and from other official organisations.

#### **Mother Tongue:**

#### **Other languages spoken:**

**Options:** (mark your preferred option with an 'x')

- I request the assistance of an interpreter.
- I will bring a person to act as an interpreter.

## 7.2. SPECIFIC REQUIREMENTS

Expectations regarding care during labour and childbirth depend largely on the culture of origin of each person. The diversity found today in Andalusian society does not allow health professionals to have a full understanding of the specific requirements of each person, according to their beliefs and customs.

If you feel it is appropriate, you may indicate below any related request or suggestion. It will be responded to as far as possible, provided that it is in accordance with the law in force and does not represent a risk to your health or to the health of your future son or daughter.

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## # 8. NEWBORN BABY

### 8.1. IMMEDIATE SKIN-TO-SKIN CONTACT AFTER BIRTH

**Information:**

Immediate skin-to-skin contact after birth is a beneficial practice both for the newborn baby and the mother. In general the baby should be placed in direct contact with his or her mother, at least for his or her first two hours of life, or for the length of time the mother wishes. In the event that this is not possible, the reason will be explained.

However, you may express your preferences as regards skin-to-skin contact after birth, as well as the participation of your partner or companion.

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### 8.2. IMMEDIATE INITIATION OF BREASTFEEDING

**Information:**

If you have chosen to breastfeed your baby, beginning it immediately after child-birth is the best option. If this is your wish, then you may do so, provided that the condition of both the mother and the newborn baby allow this.

In order to do this, the baby will be placed in skin-to-skin contact with the breast, allowing him/her to spontaneously begin to suckle, for the length of time he/she requires.



### 8.3. INITIAL CARE OF THE NEWBORN BABY

**Information:**

Non-urgent care (weight, height and other care or treatments) of the newborn baby may be postponed to allow the contact between the mother and her son/daughter to be maintained.

### 8.4. ASPIRATION OF SECRETIONS AFTER BIRTH

**Information:**

The routine aspiration of secretions after the birth of a healthy newborn baby is not recommended practice. In the event this is necessary, you will be informed of the circumstances which required it.

### 8.5. CATHETERISATION

**Information:**

Catheterisation after the birth of a healthy baby is not recommended practice. In the event this is necessary, you will be informed of the circumstances which required it.

## 8.6. ADMINISTRATION OF PREVENTATIVE MEDICINES AND VACCINATION AFTER BIRTH

### **Information:**

Health authorities and scientific organisations recommend the administration after birth to all newborn babies of:

- **Ophthalmic eye drops or antibiotic ointment**, in one dose, as it prevents severe eye infections. However, it is advisable to postpone its application until after the first two hours of the baby's life, to facilitate visual contact between the baby and his/her mother.
- **Hepatitis B Vaccine** (1st dose). Administered via intramuscular injection. This may be carried out after allowing for the establishment of the mother – newborn baby bond and the initiation of breastfeeding. It is not appropriate to carry this out with the baby separate from his/her mother.
- **Vitamin K** for the prevention of haemorrhages. The most frequent method of administration is intramuscular injection. Like the vaccination, it may be delayed and administered maintaining skin-to-skin contact.

Alternatively, vitamin K may be administered orally; it is equally effective but must be carried out strictly according to the prescribed guidelines.

**Options:** (mark your preferred option with an 'x')

- I wish vitamin K to be administered orally to my baby after birth and I commit to its continued administration at home, in accordance with the prescribed guidelines.

If you wish to make any related comments, suggestions or indications you may do so below.

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## 8.7. HYGIENE OF THE NEWBORN BABY

### **Information:**

Bathing the newborn baby is not recommended practice in the first hours of life; it may be postponed until the second day or later if conditions allow. When to bathe your baby for the first time is a personal decision.

If it is necessary, you will be informed and your consent will be requested.

**Options in the maternity ward:** (mark your preferred option with an 'x')

- I wish to take responsibility for the hygiene of my baby, if possible.
- I wish to take responsibility for the hygiene of my baby with the support and help of my companion or partner.
- If I cannot do it, I wish for my partner or another person to take responsibility for this aspect of care.

## 8.8. SEPARATION OF THE MOTHER AND BABY AND CARRYING OUT PROCEDURES

### **Information:**

Provided that it is possible, your son or daughter will remain together with you. You will only be separated for clearly justified reasons, which must be stated in the clinical records. If it is necessary, you will be informed and your consent will be requested.

## # 9. PUERPERIUM

### 9.1. DURATION OF THE STAY AND COHABITATION OF THE MOTHER AND HER NEWBORN BABY

#### **Information:**

The duration of the stay shall be adjusted to the health conditions, both of the mother and of the newborn baby. In any case, it will be the minimum possible.

In labour without serious complications, mother and baby will always share the same room. In the event of one of them being admitted to a special unit, the best possible contact will always be provided.

## # 10. BREASTFEEDING

#### **Information:**

Breastfeeding is the best option for feeding the newborn baby and the development of the puerperium. It must be carried out, wherever possible, exclusively and whenever the baby requires. Therefore, neither schedules nor fixed durations of feeding should be established. Nor should artificial milk supplements, glucose solutions, nor teats be offered, except in the case of medical indication.

However there are personal or health circumstances which may make this difficult or impossible.

In the case of opting for breastfeeding, it must be initiated immediately after birth, provided that this is possible. Therefore, you will be consulted before any other type of food is given to the baby, where necessary.

The staff who deal with you will advise you on the appropriate method of breastfeeding, and, if applicable, how to prepare and administer artificial milk.

In general, dummies should not be offered to breast-fed newborn babies, despite being useful in establishing non-nutritious suction in premature babies.

If you wish, you may request information from staff on breastfeeding support groups.

**Options:** (mark your preferred option with an 'x')

- I wish to breastfeed.
- I have decided to give my baby artificial milk.
- I will make the decision later.
- I wish to contact breastfeeding support associations.



## # LEGISLATION

- Law 2/1998 of 15 June 1998, on Health in Andalusia. BOJA [Official Gazette of the Autonomous Government of Andalusia] 74 (4-7-1998).
- Law 41/2002 of 14 November 2002, laying down basic rules concerning the autonomy of patients and their rights and duties with regard to clinical information and documentation. BOE [Official State Gazette] No 274 (15 November 2002).
- Decree 101/1995, of 18 April 1995, which determines the rights of parents and children during the birth process. BOJA 72 (17-5-1995).
- Decree 246/2005, of 8 November 2005, by which the exercise of the right of minors in receiving health care in conditions adapted to the requirements corresponding to their age and development are regulated and the Child Health Council is established. BOJA 244 (16-12-2005).
- Law 1/1998, of 20 April 1998, on the rights and care of minors. Autonomous Community of Andalusia. BOE 150 (24-6-1998).
- Resolution A2-25/86, of 13 May 1986 of the European Parliament on the European Association for Children in Hospital.



Ms. \_\_\_\_\_

I declare that I have read this document and I have completed the options that I deem appropriate to determine my "Labour and Childbirth Plan". In any event, I reserve the right to modify the document before labour, or invalidate it orally, in its entirety or in part, during labour and my stay in hospital.

Date:

Signature:







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