



## زیبا تقی زاده

دانشیار دانشگاه علوم پزشکی تهران  
عضو هیات ممحنه ارزشیابی مامایی و بهداشت باروری  
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# مهیا برای زایمان



- آموزش مادر باردار
- آگاهی از روند زایمان
- آمادگی جسمی - روانی برای زایمان
- نگارش نقشه زایمان Birth Plan
- انتخاب همراه زایمان Doula

نیکوس کازانتزاکیس در آزمایشی پيله‌ای را توی دستهایش گرفته و به جای اینکه اجازه بدهد گرم داخل پيله خودش فضای پيله را گرم کند و خارج بشود با دمیدن داخل دستهایش روند گرم شدن پيله را جلو انداخته است. در نهایت پيله می‌شکافد و پروانه از آن خارج می‌شود اما **بعد از مسافت کوتاهی پرواز، بال‌های پروانه یاری نمی‌کند و روی زمین می‌افتد.**

لویی پاستور: شانس فقط به درد یک ذهن آماده می خوره **prepare your mind**

□ آمادگی درونی **slow down**

□ فقط به طرح خاصی وابسته نشوید **Don't get attached to plans**

□ برای مارتون زایمان آماده شوید (ورزش) **prepare for marathon**

□ پذیرش درد **Accept pain**

□ صحنه را آماده کنید **Set the scene**

<https://www.iranbirth.com/fa/mindful-birth/>



## Individual or group antenatal education for childbirth/parenthood

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John Wiley

*Systematic Reviews* : 23 October 2000 in Issue 4.

- Antenatal education classes, including '**childbirth education programs**' and '**prenatal classes**', are attended by an important percentage of pregnant women worldwide.
- **Benefits of person-to-person antenatal education** for childbirth and/or parenthood **remain unclear.**
- Reports can be found of programs based in the **U.S., the U.K., Canada, Mexico, Brazil, Finland, Germany, Australia, Japan, and China, ....**

# Randomized trial of structured antenatal training sessions to improve the birth process.

*Maimburg .BJOG 2010;117:921–8.*

- ❑ Antenatal education programmes have been implemented in many **settings around the world.**
- ❑ There is, however, **uncertainty about their effectiveness.**

# **Antenatal education – where next?**

Mary L. Nolan MA BA (Hons) RGN\*

**Journal of Advanced Nursing**

Volume 25, Issue 6, pages 1198–1204, June 1997

- ❑ Research suggests that **antenatal classes often fail**.
- ❑ Teaching approaches often **promote dependency among clients rather than nurturing the decision-making skills** required by a consumer-driven maternity service.



رحم: هی مغز

# مراحل زایمان طبیعی

**Stage 1:**  
The cervix relaxes,  
causing it to dilate  
and thin out.

Uterus

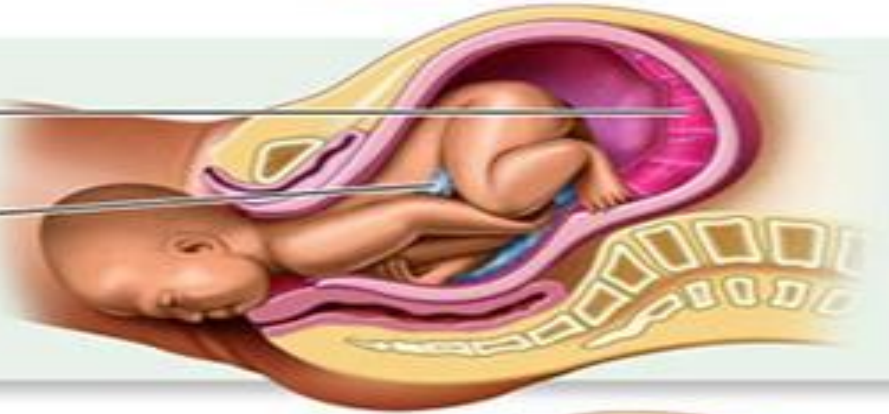
Cervix



**Stage 2:**  
Uterine contractions  
increase in strength  
and the infant is  
delivered.

Placenta

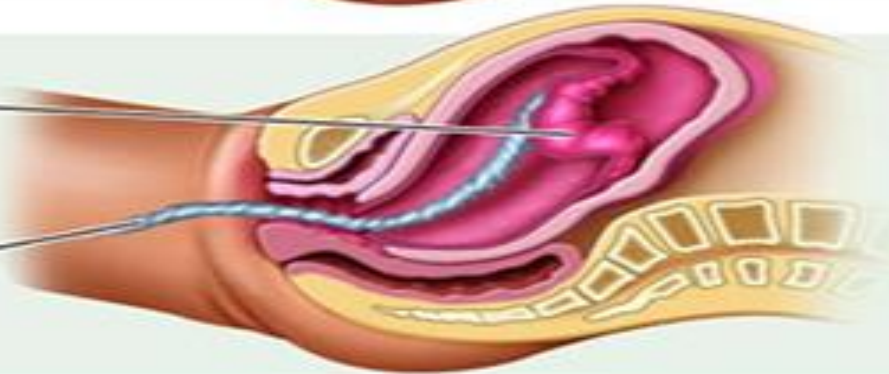
Umbilical  
cord



**Stage 3:**  
The placenta  
is expelled.

Placenta  
(detaching  
from uterus)

Umbilical  
cord



- <https://www.tasvirezendegi.com/%d8%a2%d9%85%d9%88%d8%b2%d8%b4-%d9%82%d8%af%d9%85-%d8%a8%d9%87-%d9%82%d8%af%d9%85-%d8%b2%d8%a7%db%8c%d9%85%d8%a7%d9%86-%d8%b7%d8%a8%db%8c%d8%b9%db%8c-%d9%81%db%8c%d9%84%d9%85-%d9%88-%d8%b9%da%a9%d8%b3/>



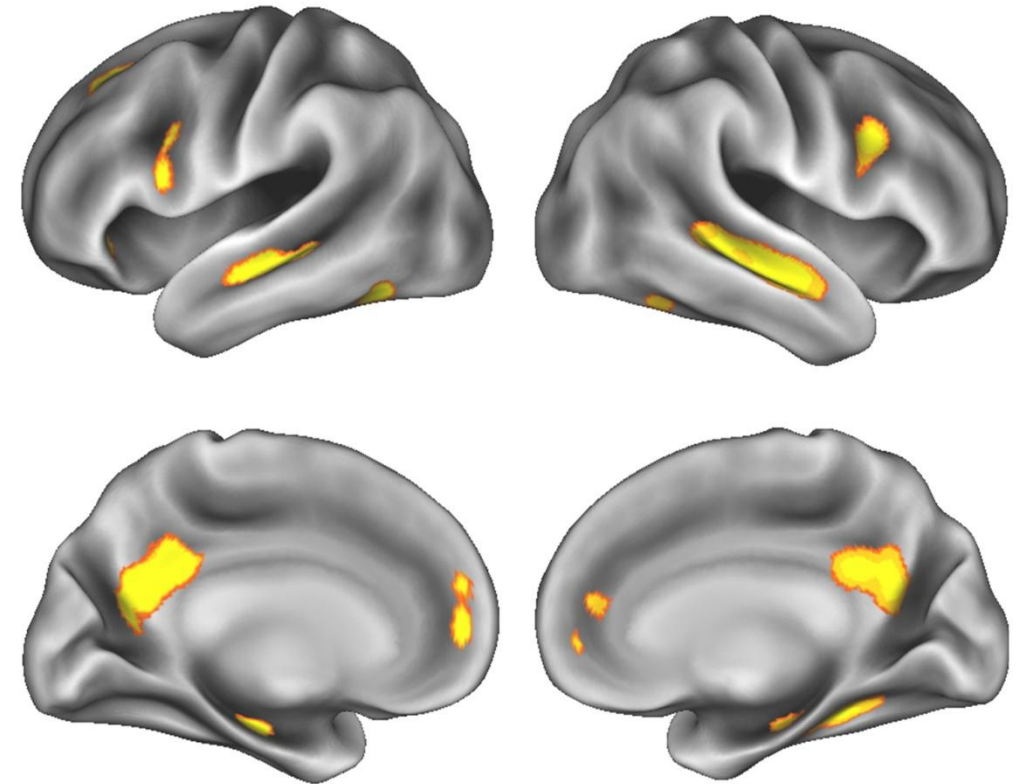
• بارداری، زایمان و **گذار به مرحله مادری** با **تغییرات پیچیده شناختی، عاطفی و رفتاری** همراه است، لذا در این دوره زن باردار نیازمند بازسازی اهداف، رفتارها و مسئولیتها جهت کسب مفهوم جدیدی از خود است (مرسر و همکاران ۲۰۱۹).

• علاوه بر تجربه **تغییرات بدنی**، مادران آینده روندی را جهت کسب **هویت مادرانه** طی می کنند. دوره گذار به والد گری به طور گسترده دوره ای از افزایش آسیب پذیری در برابر استرس در نظر گرفته میشود (ولهاوس و همکاران ۲۰۱۹).

**حفظ و تقویت بهزیستی مادران در این دوره گذار از زندگی حائز اهمیت پردازیم** (هوبرتی و همکاران ۲۰۲۰).

# Pregnancy shrinks the brain

- Pregnancy shrinks the brain's **gray matter**, the pinkish-gray tissue containing the cell bodies and **synapses of nerve cells**.
- The areas that shrink the most (highlighted in yellow) play important roles in **social cognition and supervision behaviors**.



# Pregnancy Brain or Momnesia: Myth or Reality?

- **Pregnancy does not change a woman's brain.**
- About **%80 of new mothers report difficulties remembering** things that once came naturally, and **although not all studies support this.**
- Study shows that the **capacity of the brain is unaltered in pregnancy** (Christensen. Australian National University).
- It's **100% normal** to have **memory lapses** or be forgetful **when people are busy, stressed, or short on sleep.**
- Pregnancy brain typically refers to **lapses in attention and memory.**
- Pregnant women are also **better at recognizing fear, anger and disgust.** This enhanced ability to ensure their infants' survival.

**J Adv Nurs. 2021** Jan;77(1):125-146

**Mind-body interventions on stress management in pregnant women:  
A systematic review and meta-analysis of randomized controlled trials**

- **Mind-body interventions** are promising approaches for **stress reduction** in **pregnant women**.
- **Mind-body interventions** have been widely implemented to **cure antenatal stress**.
- The systematic review and meta-analysis suggested that **mind-body interventions** are **relatively safe** and **convenient** and can **successfully decrease antenatal stress**, thereby **managing antenatal stress effectively**.

☐ ترس از زایمان در طیفی از **ترس شدید تا ترس منطقی** از زایمان قرار دارد. اکثر زنان به ویژه زنان نخست زا به خاطر ناآشنا بودن با فرآیند زایمان، یک ترس منطقی را تجربه می کنند. به طور طبیعی، این ترس در طول بارداری و زایمان کنترل میشود .

☐ ترس غیر منطقی به صورت **اضطراب های روزمره، کابوس های شبانه و نشانه های جسمی آشکار** شده و اغلب باعث **تقاضای مادر برای سزارین** انتخابی میشود

☐ حتی گاهی اوقات، ترس شدید از زایمان منجر به **اجتناب از بارداری و مادر شدن و یا انکار بارداری** میشود

☐ در فنلاند، سوئد و انگلستان، ترس از زایمان ۷٪ تا ۲۲٪ سزارین ها است.

☐ در مطالعه سالملاآرو وهمکاران ۲۰۱۱ حدود ۱۰ تا ۶٪ زنان باردار از ترس از زایمان طبیعی رنج می برند.

☐ در کشور ما نیز شیوع ترس از زایمان طبیعی را در زنان باردار، ۵۹٪ گزارش کرده اند.

☐ در مطالعه شریعت وهمکاران ۲۰۰۲ ، ۷۱٪ دلیل ترس از زایمان طبیعی توسط زنان باردار، ترس از درد زایمان طبیعی عنوان شده است

## Exploring women's descriptions of distress and/or trauma in childbirth ... .Wendy Moyzakitis. Journal of Advanced Nursin Volume 66, Issue 10, pages 2142–2153, October 2010

- **Trauma in childbirth** has been reported in the literature as far back as **1993** by Kendal-Tackett et al and more recently by Soet et al (2003).
- A commonly reported feature is a **stressful birthing experience**.
- It has been estimated to affect **one in three women** (Creedy et al, 2000).
- Soet et al (2003) found that **34% of women** reported their childbirth experience to be traumatic.



# Birth Trauma: In the Eye of the Beholder

Beck, Cheryl Tatano .Nursing Research . 2004 - Volume 53 - Issue 1 -

- Birth trauma lies **in the eye of the beholder**.
- Mothers perceived that their traumatic births **often were viewed as routine by clinicians**.
- What a mother perceives as birth trauma may be seen **quite differently through the eyes of obstetric care providers**, who may view it as a routine delivery and just another day at the hospital.

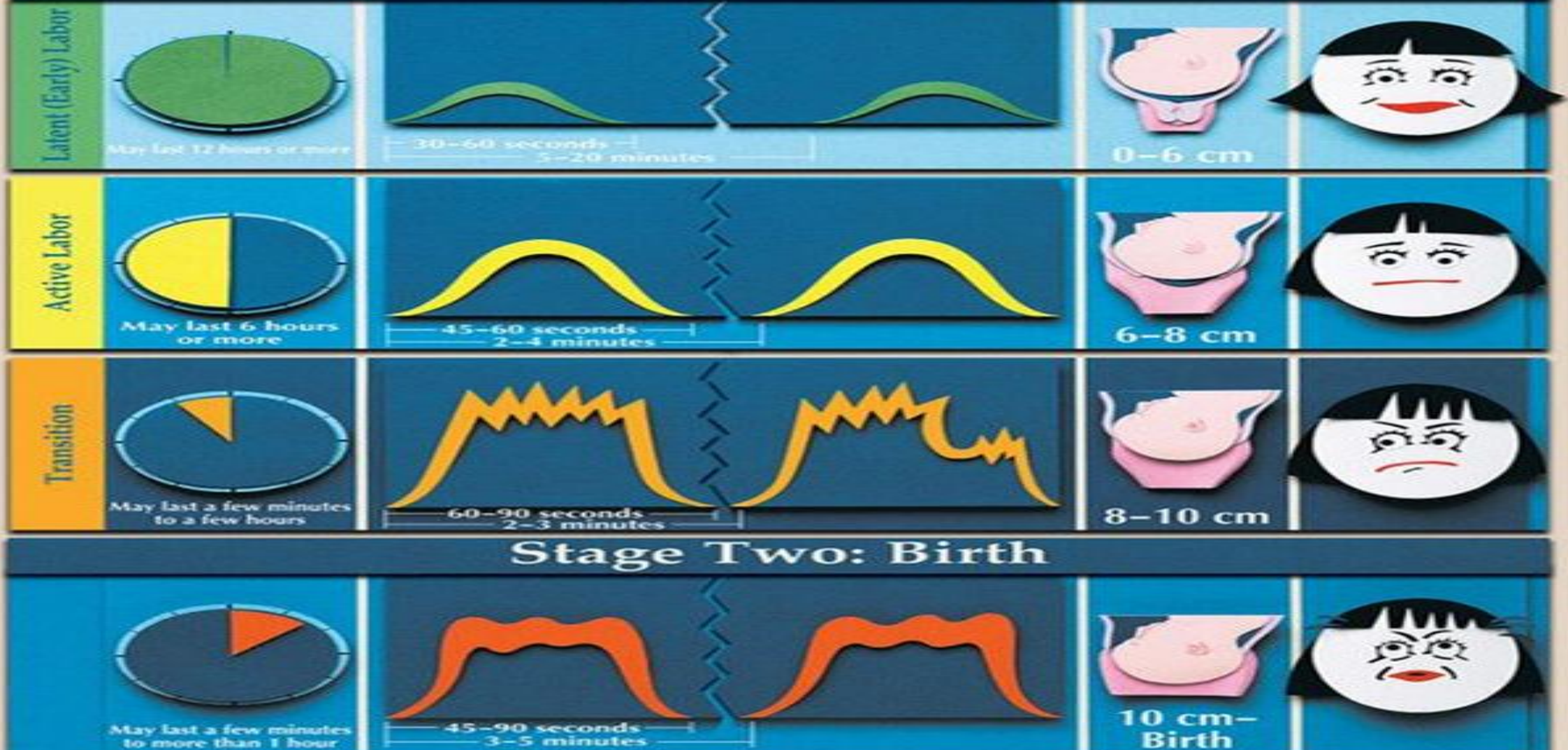
# The Anniversary of Birth Trauma: Failure to Rescue.

Nursing Research: November/December 2006 - Volume 55 -Issue 6- pp381-9 .Beck, Cheryl Tatano

- Based on the findings of this study on the anniversary of traumatic childbirths, the time seems right to broaden the use of the **term** **failure to rescue** to these childbearing women.
- ***Not only clinicians but also family and friends failed to rescue mothers*** during the period surrounding the anniversary of their birth trauma.

# Stages of Labor

## Stage One: Labor



## Stage Three: Delivery of the Placenta

جانسون و همکاران ۲۰۱۲ در مطالعه خود به این نتیجه رسیدند که **ترس شدید از زایمان در سه ماهه سوم بارداری** باعث **ایجاد تجارب منفی زایمان و سزارینهای اورژانسی** میشود.

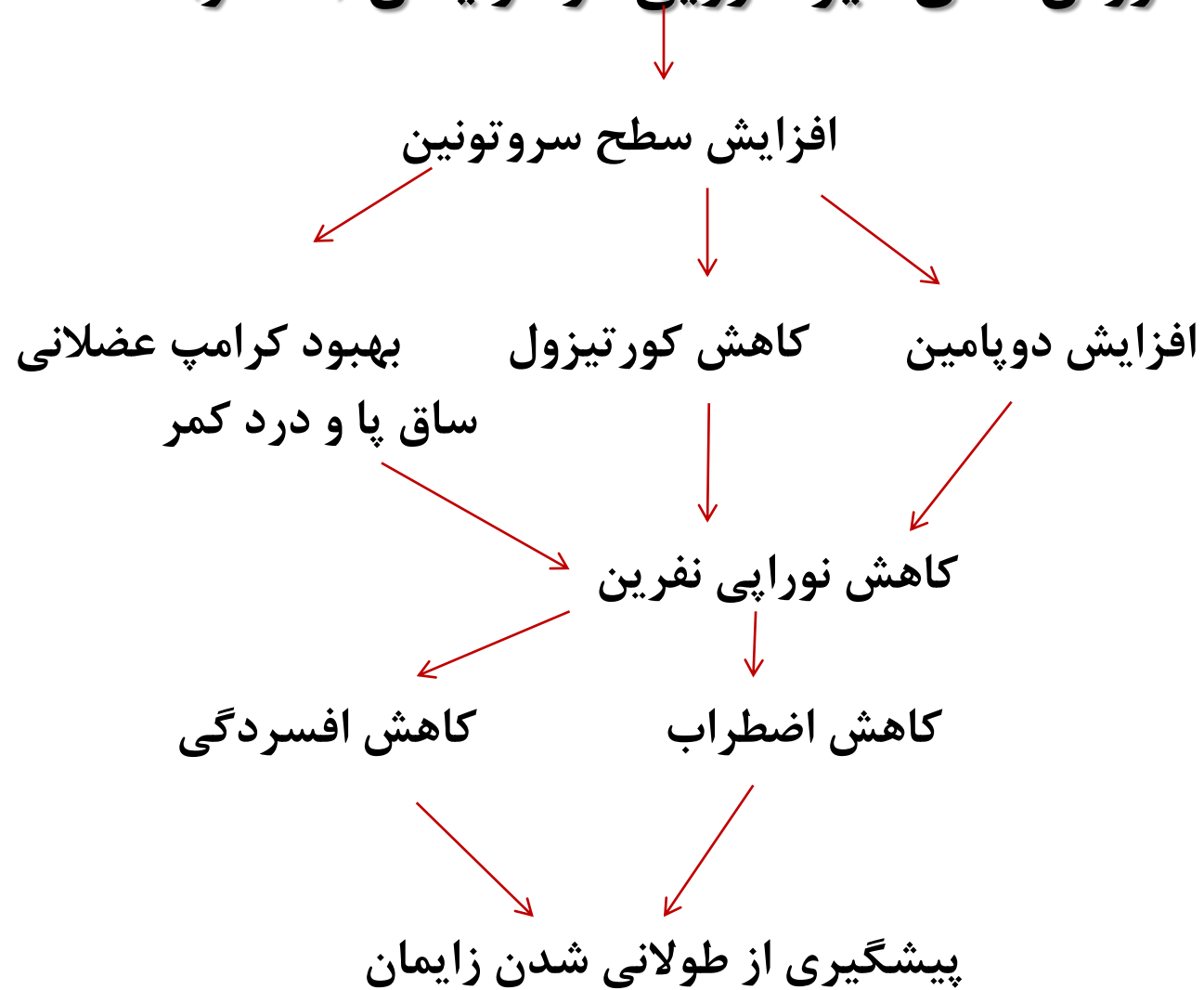
ترس از زایمان حتی در صورتی که منجر به سزارین نشود میتواند در طول بارداری و زایمان اثرات مضرى داشته باشد

در **اضطرابهای شدید و طولانی مدت**، با **تحریک سیستم عصبی خودکار**، **عضلات صاف شریانهها منقبض شده**، **جریان خون رحمی جفتی و اکسیژن رسانی به رحم کاهش یافته**، **الگوی ضربان قلب جنین غیر طبیعی** شده و احتمال **زایمان زودرس** افزایش می یابد.

هورمونهایی که در پاسخ به ترس و اضطراب ترشح میشوند مانند کاتکولامین ها، کورتیزول، اپی نفرین و میتوانند باعث **اختلال در پیشرفت میزان اتساع دهانه رحم** شده و همچنین بر عضلات صاف رحم اثر کرده و باعث **کاهش قدرت انقباضی رحم و کارایی آن در روند زایمان** و در نهایت باعث **طولانی شدن زایمان، افزایش درد و ایجاد اضطراب و ترس بیشتر** شوند.



# روش های غیر دارویی درد زایمان (ماساژ)



# ذهن آگاهی

- مادر باید خودش درباره همه چیز آگاهی کامل داشته باشد و به صورت تجربی به یک ماما **مبدل بشود**.
- مادرباید برای همه چیز آماده باشد. شاید روزی که برای زایمان می رود حال پزشک خوب باشد، شاید هم نباشد. شاید پزشک به شما برسد شاید هم کار داشته باشد و نرسد. شاید با یک مامای خوش اخلاق روبه رو بشود شاید هم آن روز بدترین روز مامایی باشد که به پست مادر می خورد. وظیفه مادر این است که آگاه باشید. در صورت دیدن هر رفتاری آن قدر به خود مسلط باشد که نگذارد هورمون آدرنالین و کورتیزول در بدن ترشح بشود. اگر حرف بد یا توهینی شنید روی آن تمرکز نکند. اگر برنامه ها به هم ریخت مادر به هم نریزد.
- مادرانی که یک زایمان طبیعی را پشت سر می گذارند همه می گویند که از آن به بعد احساس یک زن قدرتمند و یک مادر شجاع را دارند. حسی که شاید تا قبل از آن تجربه نکرده باشند.



## Trait mindfulness during pregnancy and perception of childbirth

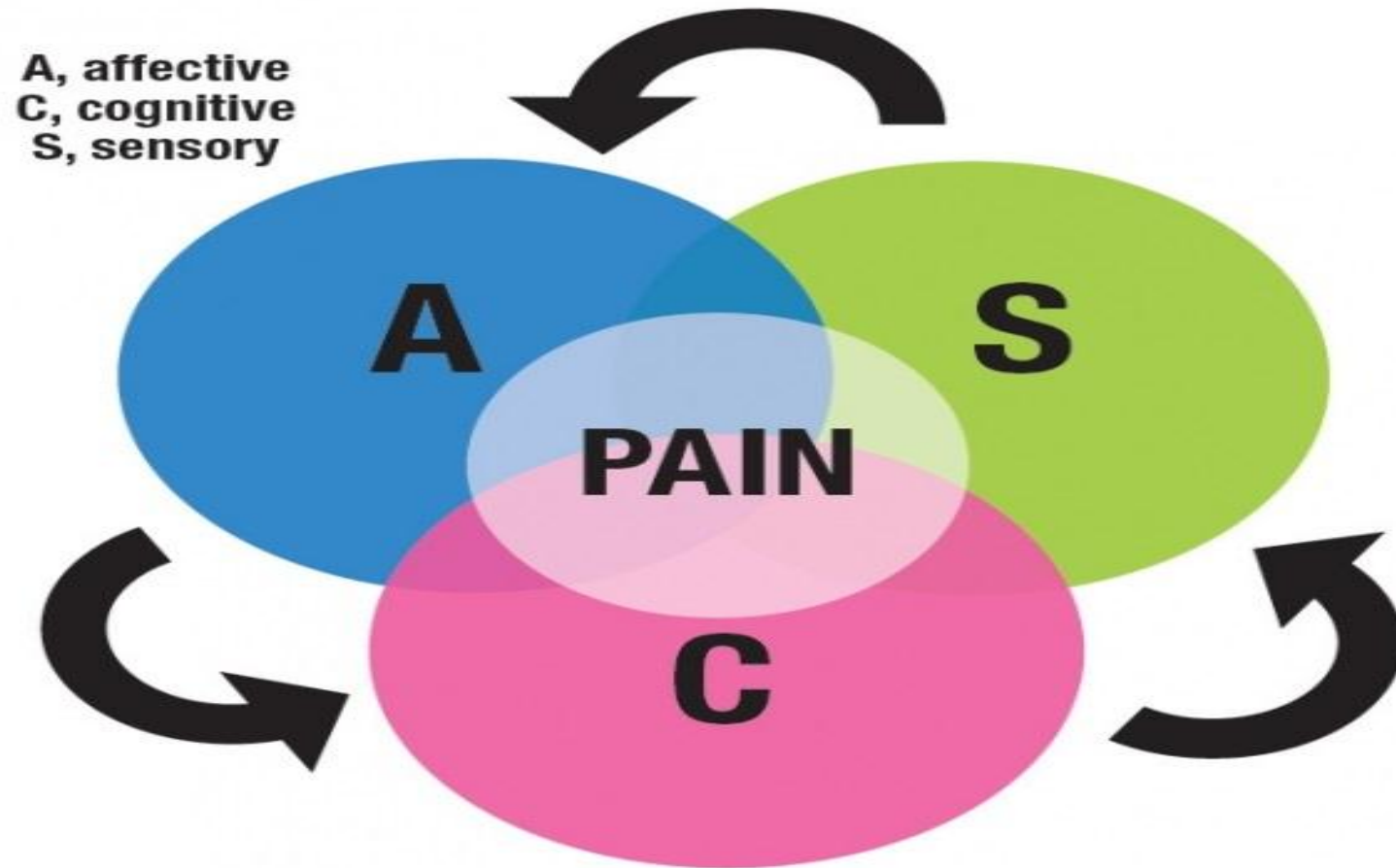
Archives of Women's Mental Health (2021) 24:281–292

- **Mindfulness** during pregnancy may **enhance positive perception of childbirth.**
- **Mindfulness** may **facilitate effective coping with** aversive experiences during childbirth, such as feelings of **not being in control, pain, anxiety,** and **unexpected (medical) events.**

ذهن آگاهی  
شناخت

**PAIN**

# Neuromatrix theory of pain



**درد باید بدون ایجاد رنج باشد.**

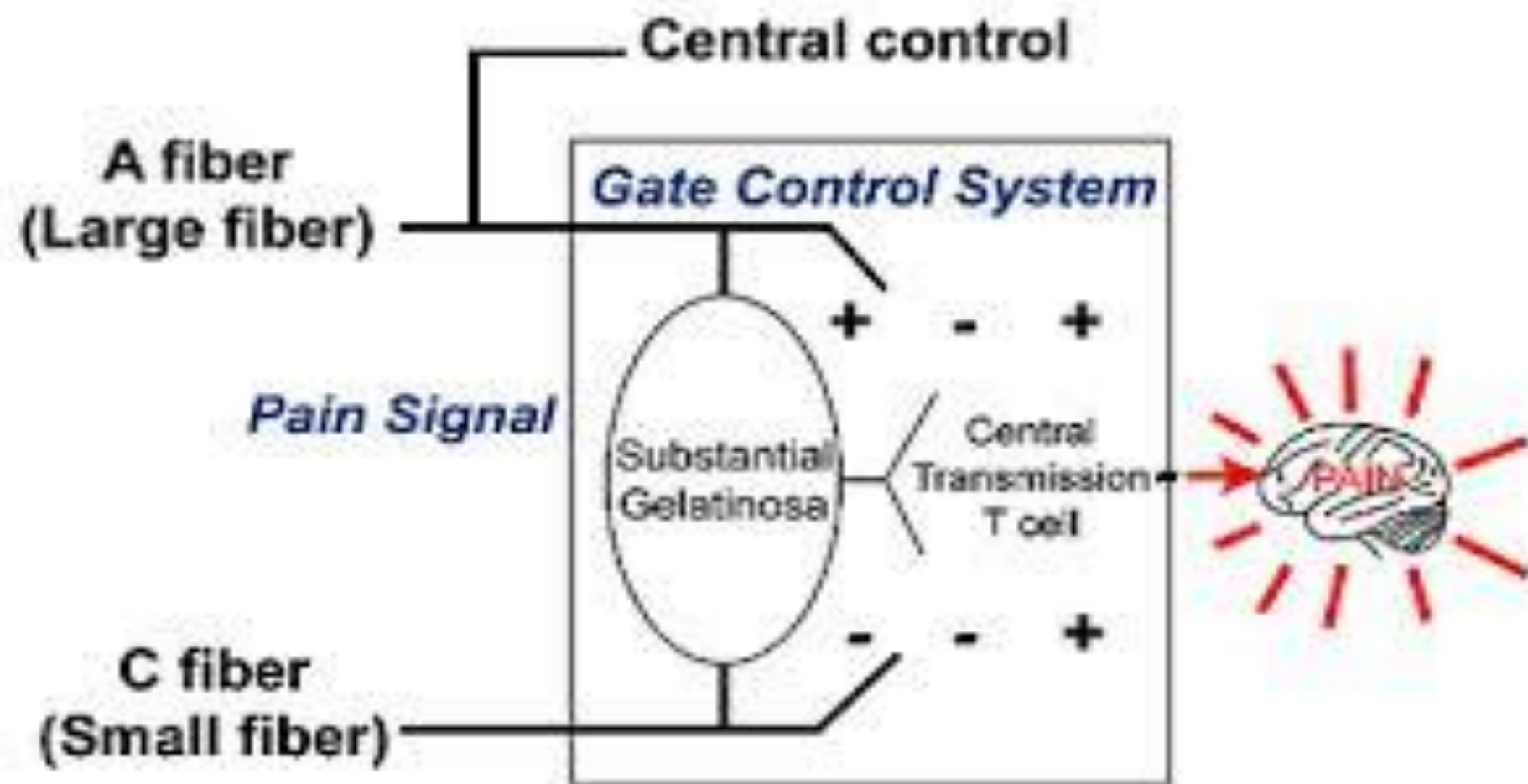
شناسایی منابع رنج و حذف آنها (منجمله درد) مهم است.

**رنج شامل نداشتن کمک و پناه، تنهایی، ازدست دادن کنترل موقعیت، دیسترس، عدم کفایت در تطبیق و غلبه بر موقعیت استرس زا، درک تهدید و صدمه روانی یا بدنی و ترس ازمرگ برای خود یا بچه.**

# تئوری درد زایمان









# ماما همراه

- حذف رنج، هدف از حذف درد حذف یکی از عوامل رنج است.
- تامین شرایطی که درد زایمان با رضایت، حس لذت و قدرت همراه باشد.
- حذف مواردی مثل تنهایی، عدم توجه به زائو، فراموش شدن در طی دردها.
- حذف رفتارهای نامهربانانه یا توهین آمیز.
- بحث پیرامون دیسترس های روانی مربوط به گذشته و حل نشده زائو و کمک جهت حل آن
- پررنگ کردن نقش زائو و اهمیت و توجه به او
- تقویت تواناییها و افزایش اعتماد به نفس او



# ماما همراه Duala



- A doula is a **professional trained in childbirth** who provides **emotional, physical, and educational support** to a mother who is expecting, is experiencing labor, or has recently given birth.
- The doula's purpose is to help women have a **safe, memorable, and empowering birthing experience.**

## The Benefits of a Doula

50% Reduction in Cesarean Births

25% Shorter Labours

60% Less Epidural Requests

40% Reduction of Pitocin Use

30% Less Requests for Pain Relief

40% Reduction in Forceps Deliveries

## The Evidence for Doulas

*Researchers found that those who have continuous support during their childbirth experience a:*

- 25% decrease in the risk of a c-section
- 8% increase in the likelihood of a spontaneous vaginal birth
- 10% decrease in the use of any medication for pain relief
- 31% decrease in the risk of being dissatisfied with the birth experience

For more info: [evidencebasedbirth.com/doulas](http://evidencebasedbirth.com/doulas)





## Companion of choice during labour and childbirth for improved quality of care

### Evidence-to-action brief

*Allowing women to have a companion of choice during labour and childbirth can be a low-cost and effective intervention to improve the quality of maternity care.*



photo: J. DANIELS

*During labour and childbirth, many women want to be accompanied by a spouse/partner, friend, family member, or another community member. Indeed, studies have shown that having a labour companion improves outcomes for women (1). Initiatives to increase the number of women giving birth in health-care facilities, however, do not necessarily take this into consideration; often women's preferences are not respected (1).*

# WHO Recommends Doulas Attend Births

- “WHO Safe Childbirth Checklist” has been developed to support the delivery of essential maternal and perinatal care practices.
- Amongst the six instructions: **“Encourage birth companion to be present at birth”**.
- Birth companions provide support to the mother **during birthing and in the postpartum period**.

<http://www.WHO.int/patientsafety/implementation/checklists/childbirth/en/>

- Doula can **recognize danger signs, alert health care workers in case of emergency and care for the baby.**
- Possible birth companions are the **spouse, a family member, friend, health worker or doula.**
- Evidence shows that birth companions can **help to improve health outcomes.**
- **The emotional and psychological benefit cannot be emphasized enough.**  
The presence of birth companions increases the likelihood that the mother will have a **spontaneous vaginal delivery instead of caesarian, vacuum or forceps birth.**
- Mothers with birth companions have also been shown to need **fewer pain medication, to have shorter birthing process and be better satisfied with their delivery experience.**





## Doula Training in **Canada**

- **Douglas College** is pleased to be partnering with Doula Training Canada to bring quality doula training to BC that focuses on maternity care in Canada.
- Doula Training Canada has been an exceptional provider of doula training and **certification since 2001** with a professional staff of experienced doulas, who are also great teachers.

# 6 Simple Steps for a Healthy & Safe Birth



There is A LOT of medical research that tells you and your care provider what kind of care will most likely keep your baby's birth **SAFE** and **HEALTHY**.

**BUT, the care pregnant women receive doesn't always MATCH THE RESEARCH.**

Despite risks and limited benefits, a survey<sup>1</sup> of new moms showed:

8%

8%

6%

55%

35%

continued chronic fetal monitoring (FM)

did not receive an epidural

6% of women drinking

had artificially ruptured membranes

had an elective cesarean

Even though many of these are "ROUTINE" practices, some can actually make childbirth MORE DIFFICULT and LESS SAFE.

## KEEP CHILDBIRTH SIMPLE

Based on a decade of research, Lamaze's 6 Healthy Steps are designed to promote the safest, healthiest birth possible.

### 1 LET LABOR BEGIN ON ITS OWN

- Normal pregnancy lasts 38-42 weeks
- Natural start of labor usually means your body and your baby are ready for birth
- Induction can make contractions harder and stress the baby

### 2 WALK, MOVE, ROUND UP AND CHANGE POSITIONS TO PROMOTE LABOR

- Use your feet to walk more
- Use different positions and positions to help push your baby down
- Active positions may help you feel more confident and less afraid

### 3 BRING A LOVED ONE, FRIEND OR DOULA FOR CONTINUOUS SUPPORT

- Praise, reassurance and encouragement decrease stress
- Physical support can help decrease pain
- Informational support can increase confidence

### 4 AVOID INTERVENTIONS THAT ARE NOT MEDICALLY NECESSARY

- Induction, epidural, forceps, vacuum, assisted deliveries, restricted fetal monitoring, continuous FM, episiotomy, and cesarean are not medically necessary.
- Many interventions can disrupt the birthing process, making it more difficult.
- Look for a birth setting with a low rate of interventions
- If your care provider routinely uses any interventions during labor, ask if there is another alternative

### 5 AVOID GIVING BIRTH ON YOUR BACK AND FOLLOW YOUR BODY'S URGE TO PUSH

- Use gravity to your advantage to shorten the pushing stage
- Push when your body tells you
- Use upright or side-lying positions
- Use adjustable hospital beds to support different pushing positions

### 6 KEEP YOUR BABY WITH YOU - IT'S BEST FOR YOU, YOUR BABY AND BREASTFEEDING

- Skin-to-skin during the first hour helps baby transition
- Weighing and other routine procedures can wait
- Ask which procedures can be done while holding baby
- Rooming with baby doesn't prevent you from sleeping

PUSH FOR THE SAFEST, HEALTHIEST BIRTH POSSIBLE. VISIT [WWW.LAMAZE.ORG/PUSHFORYOURBABY](http://WWW.LAMAZE.ORG/PUSHFORYOURBABY) TO LEARN MORE.



<sup>1</sup> Declercq, E.P., Sakata, O., Conry, M.P., & Applebaum, S. (2006, October). Listening to mothers II: Report of the second national U.S. survey of women's childbearing experiences. New York: Childbirth Connection. Retrieved from [http://www.childbirthconnection.org/pdfs/LTMII\\_report.pdf](http://www.childbirthconnection.org/pdfs/LTMII_report.pdf)

<sup>2</sup> Lottian, J., DeWitt, C. (2005). The official Lamaze guide: Giving birth with confidence. Minneapolis, MN: Meadowbrook Press.

## Childbirth

# THE ACOG RECOMMENDS DOULAS!

Khayriyyah Cutno · January 31, 2017

*The ACOG recommends doulas to improve labor and delivery outcomes!*

"Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula. A Cochrane meta-analysis of 12 trials and more than 15,000 women demonstrated that the presence of continuous one-on-one support during labor and delivery was associated with improved patient satisfaction and a statistically significant reduction in the rate of cesarean delivery (111). Given that there are no associated measurable harms, this resource is probably underutilized."

## Lamaze Healthy Birth Practice 3 - Bring a Loved One, Friend or Doula for Continuous Support

- **ACOG Recommendations:**
- Evidence suggests that, in addition to regular nursing care, doula emotional support is associated with improved outcomes for women in labor.
- **Benefits** found in randomized trials include **shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction** with the experience of labor.
- Continuous labor support also may be cost effective given the associated lower cesarean rate.
- One analysis suggested that paying for such personnel might result in substantial cost savings annually.

- **On January 25, 2017, the ACOG released a statement that will impact the birth world in major ways.** In this statement, the ACOG **reinforces** that **“Support offered by trained labor coaches such as doulas has been associated with improved birth outcomes.”**
- Overall, there are several recognized benefits of having a doula present for continuous labor support, **and no demonstrable risk** and care providers **hold doulas to a high standard.**
- **By working together as a team, and creating a **positive working environment**, we will absolutely see **positive change happen.****
- **Oct 21, 2016 - ACOG Updates: What Doulas Should Know?**
- **Doulas requires to stay informed on changes in maternity care practices and guidelines.**





# DONA International



Dr. Klaus is a founder of DONA International (previously known as **Doulas of North America**).

DONA International is the **oldest, largest and most prestigious (PREMIER) professional doula training and certification organization in the world.**

Since 1992, DONA has set the **standard for scope of practice, evidence-based training, certification and re-certification for doulas.**



# Can a doula deliver a baby?

- They **don't deliver babies, replace a doctor or a midwife, or play the role of a nurse.**
- Rather, a **doula** is there to **comfort the mom-to-be - to relax, reassure, and guide her....**
- "A **doula's job** is to **soothe a woman's fears and to help her through labor.**"

# What kind of training need to be a doula

- Typically, a birth doula **needs to finish 7 to 12 hours of childbirth education, 16 hours of birth doula training, and attend at 2 to 5 births.**
- **A postpartum doula usually attends about 27 hours of postpartum doula education and assists 2 or more women with postpartum support.**
- Their services include a prenatal visit, labor and delivery, and a post-delivery follow-up.
- While having a **doula** may be an **out-of-pocket** expense, some **insurance companies** will **cover some or all of the cost** depending on the plan.

# LABOR WITH A BIRTH DOULA

MAKES ALL THE DIFFERENCE

**34%** **DECREASED** risk of

dissatisfaction with the birth experience



31% decrease in  
Pitocin use

28% decrease in  
risk of c-section

SHORTER labor by  
an average of about 40  
minutes

9% decrease in use of  
any pain medication

14% decrease in risk of  
newborns  
being admitted to special care

1 January **2021**.

**FIGO** good clinical practice paper: management of the second stage of labor

- The second stage of labor is potentially the most dangerous time for the baby and can have significant consequences for the mother.
- This paper sets out principles of care, including the vital role of **skilled birth attendants and birth companions**, and the **importance of obstetricians and midwives working together effectively and speaking with one voice.**
- The optimization of high-quality, safe, and personalized care in the second stage of labor for all women globally can only be **achieved by appropriate attention** to the **training of birth attendants, midwives, and obstetricians.**

**FIGO is committed to this aim alongside the WHO, ICM, and all FIGO's 132 member societies.**

# Barriers to implementation

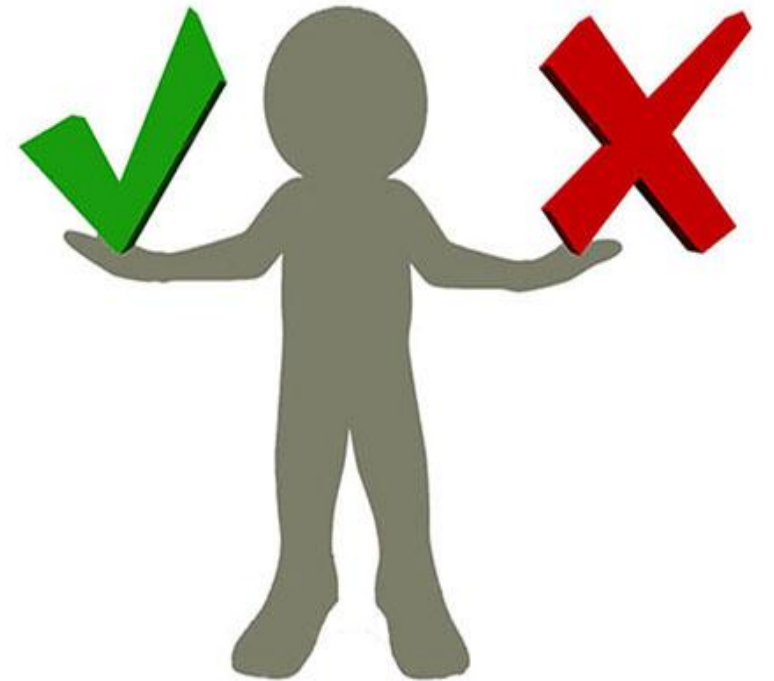
Despite clear evidence and the growing emphasis on respectful maternity care, many health-care facilities still do not permit women to have a companion of choice during labour and childbirth. **Several barriers have been identified these include:**

- 1. The absence of national or institutional policies.**
- 2. The physical structure of health-care facilities, which limits privacy and contributes to overcrowding in the labor ward and difficulties in maintaining hygiene standards.**
- 3. Limited knowledge among health-care providers and managers about the benefits of labour companionship**
- 4. Negative attitudes of health-care providers towards labour companionship**



برنامه ریزی  
آمادگی برای زایمان

There are **many steps**  
to prepare mothers for  
labor and delivery.

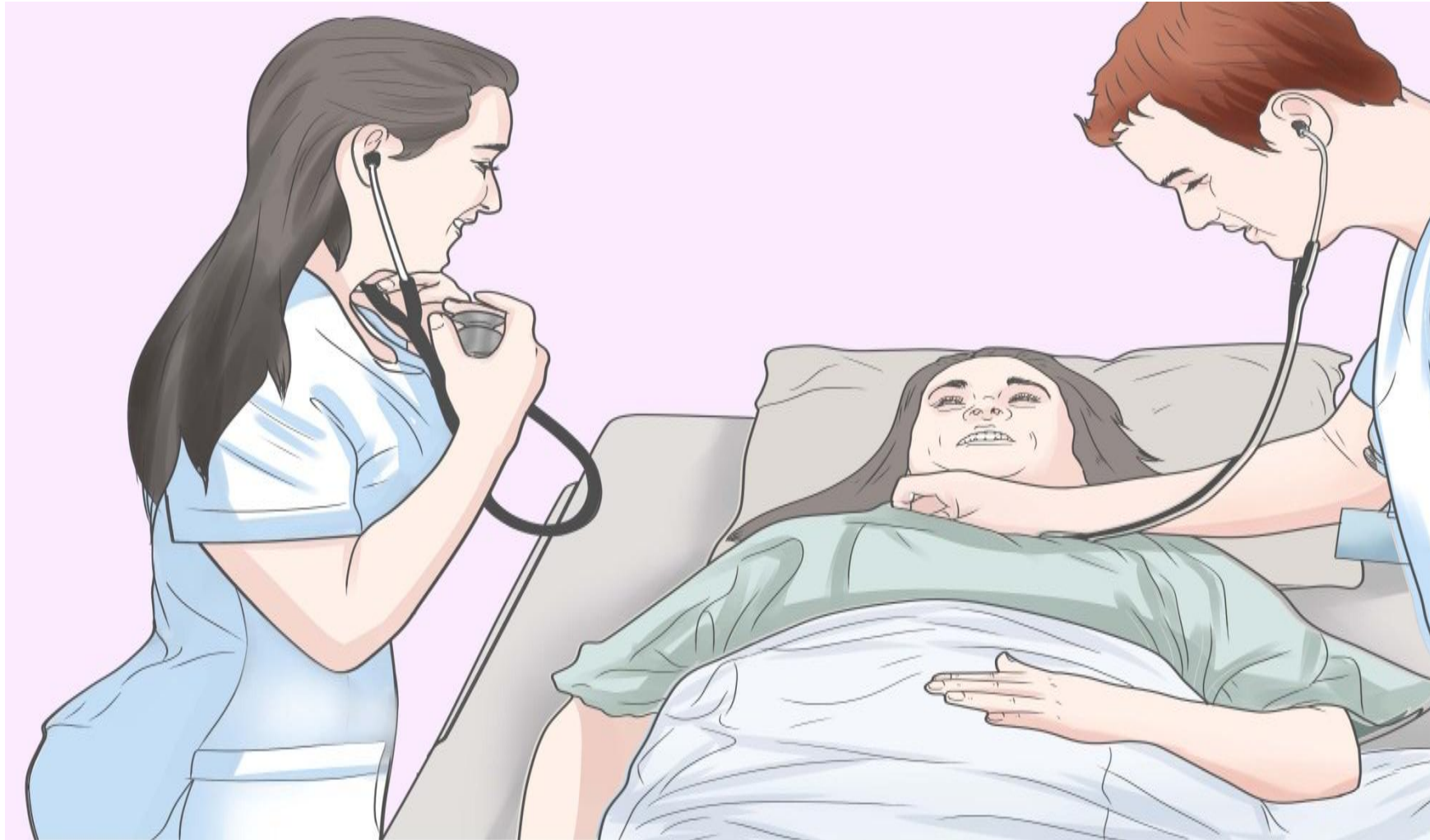




# چگونه برای زایمان برنامه ریزی کنیم؟

- چه کسانی می خواهید در حین زایمان حضور داشته باشند؟
- آیا می خواهید هنگام درد زایمان راه بروید، یا در تختخواب باقی بمانید؟
- چه پوزیشنی را می خواهید حین زایمان داشته باشید: ایستاده، نشسته
- چه نوع تسکین دردی را می خواهید داشته باشید؟ مسکن، ماساژ، گرما،
- چگونه می خواهید پس از زایمان از نوزاد شما مراقبت شود؟
  - کجا می خواهید نوزاد را بخوابانید؟
  - چگونه می خواهید او را تغذیه کنید؟
- آیا می خواهید لباس های خودتان را بپوشید یا روپوش بیمارستان را؟

# 1. Go to your prenatal appointments.



## 2. Decide where you would like to give birth, whether it is a hospital, birthing center or you choose a homebirth

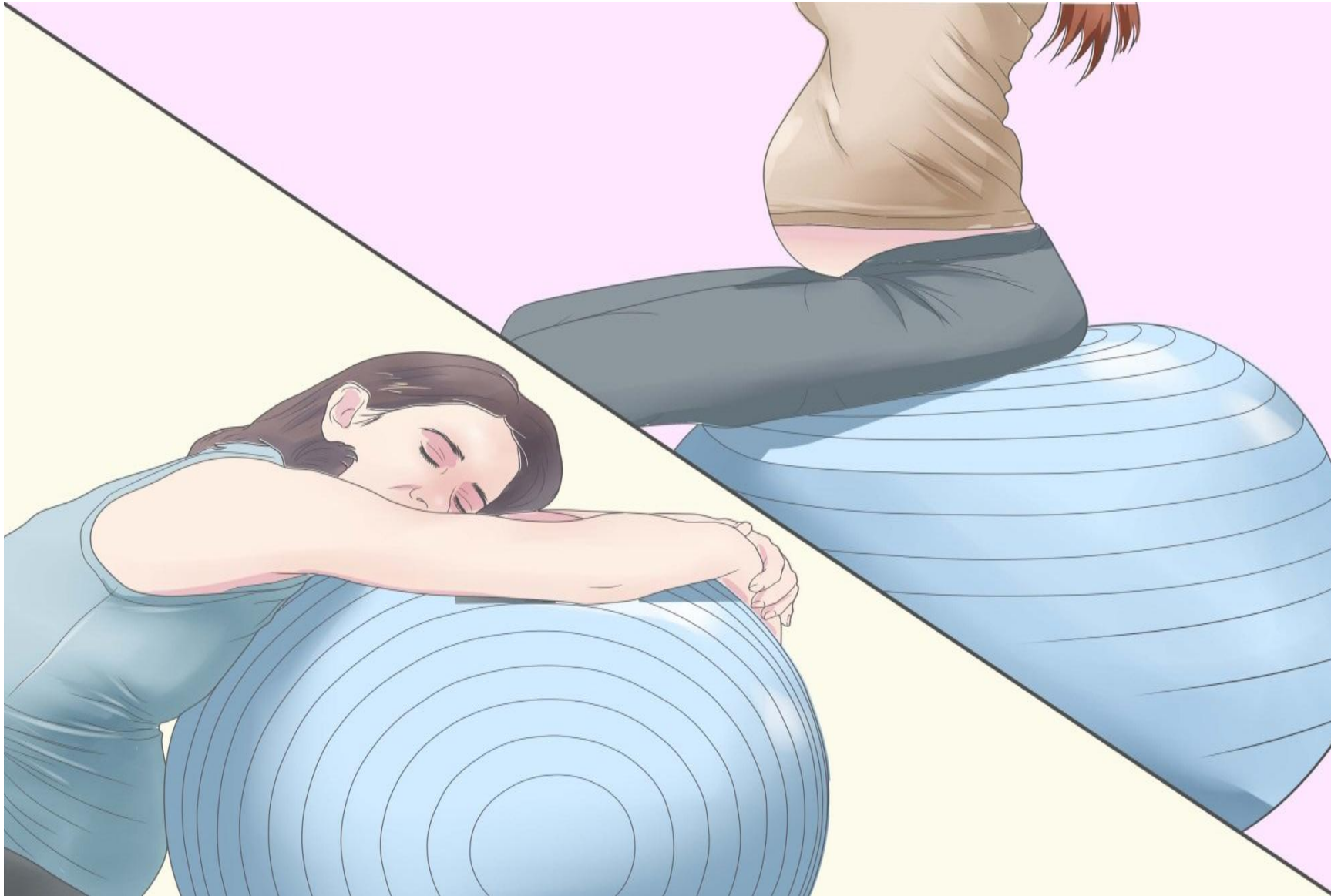


### **3. Educate yourself on the rules & options available at your chosen birth place.**





## 4. Attend childbirth classes.



# 5. Exercise regularly throughout your pregnancy.





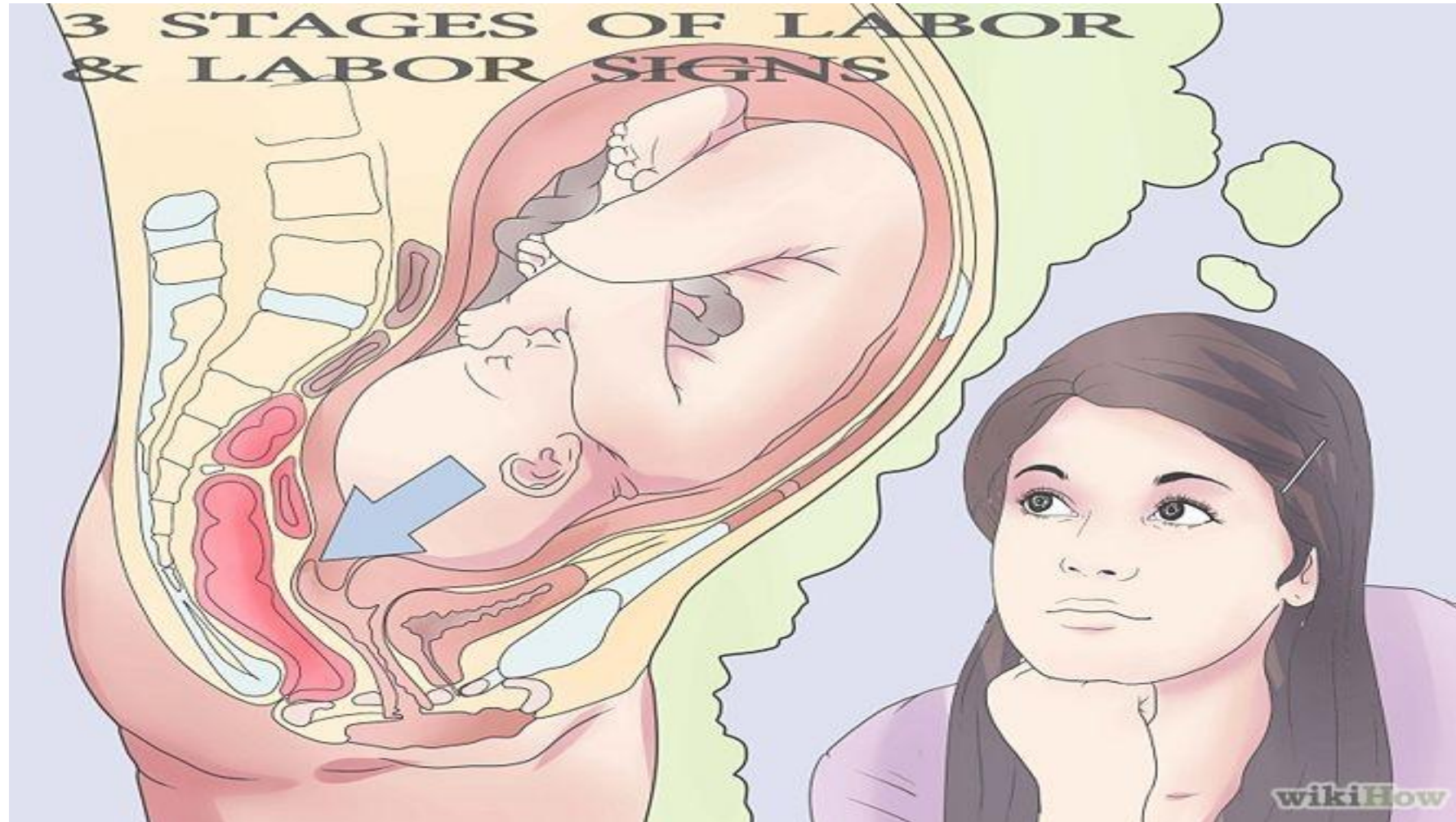
## 6. Perform Kegel exercises.



# 7. Eat balanced meals to keep up your nutrition in preparation for labor.



## 8. Familiarize yourself with the 3 stages of labor and labor signs





## 9. Choose who you would like to have with you at the birth place to support you during the birth.



# 10. Write a birth plan.

Discuss your wishes with your caregiver to make sure your expectations are reasonable.







# your birthplan

Putting pen to paper can help you  
and your midwife understand  
what matters to you most

  
[www.boots.com/parentingclub](http://www.boots.com/parentingclub)

**1** The name I would like to be called is:

\_\_\_\_\_

**2** My preferred birth partner would be:

\_\_\_\_\_

who is my \_\_\_\_\_

**3** I am happy to be photographed/ videoed during labour by my birth partner:

- Yes  
 No

**4** During labour I would like the following pain relief:

- A bath/Shower  
 Breathing techniques  
 Massage  
 TENS machine  
 Gas and air  
 Pethidine  
 An epidural

**5** I would like to use the following during labour:

- A birthing ball  
 A birthing pool  
 A birthing stool  
 Beanbags  
 Music

**6** My preferred positions in labour are: \_\_\_\_\_

\_\_\_\_\_

**7** I am happy to have students present:

- Yes  
 No

**8** I am happy to have my baby's heartbeat continually monitored:

- Yes  
 No

**9** I would like to be in the following position to give birth:

- Reclining in bed  
 On my side  
 Squatting  
 On all fours  
 I'd like to decide at the time

**10** My thoughts on having my waters broken artificially:

\_\_\_\_\_

**11** I would like to:

- Be told when to push  
 Push when it feels right

**12** My thoughts on having an episiotomy:

\_\_\_\_\_

**13** I would like my birth partner to cut the umbilical cord:

- Yes  
 No

**14** My thoughts on being given an injection to contract my womb before the delivery of the placenta:

\_\_\_\_\_

**15** I would like my baby to be:  
 Delivered straight into my arms  
 Wiped first

**16** I would like my baby to be given Vitamin K:

- Yes  
 No

**17** I want to feed my baby by:

\_\_\_\_\_

\_\_\_\_\_

**18** My special requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My [preferred birth partner](#) would be... Who is my...

I'm happy to be photographed/video taped during labour, yes or no?

During labour I would like the following pain relief:

My preferred positions in labour are

Am I happy to have students present?

I am happy to have my baby's heartbeat continually monitored, yes or no?

I would like to be in the following position to give birth

My thoughts on having my waters broken artificially

I would like to be told when to push or push when it feels right?

My thoughts on having an episiotomy

I would like my birth partner to cut the umbilical cord, yes or no?

I would like my baby to be delivered straight into my arms or wiped first.

Would like my baby to be given Vitamin K, yes or no.

I want to feed my baby by...

My special requests...

# Birth plan

- Written birth plans have become an **increasingly common component of antepartum preparation with the idea** that planning provides an **opportunity for education, empowerment, and developing confidence about labor.**
- This document aims to help women **determine their birth values.**
- The intention of the birth plan is to **share preferences with a provider**, also **provide an opportunity for stronger interaction between women and their providers** (physicians and midwives).

**Birth plans were originally introduced in the 1970s as a communication tool.**

- In the 1980s, after international criticism of an **overly medicalized view of pregnancy and childbirth,** **the World Health Organization (WHO) went on to classify birth plans in the top category of recommended practices for making pregnancy safer.**

The **WHO**, the American College of Obstetricians and Gynecologists (**ACOG**), and the American Academy of Pediatrics (**AAP**) all approve attending childbirth classes, nearly all of which include preparation of a birth plan.

**They go on to suggest that birth plans, increase satisfaction during childbirth.**

# 4th International Conference on Health and Health. 2018

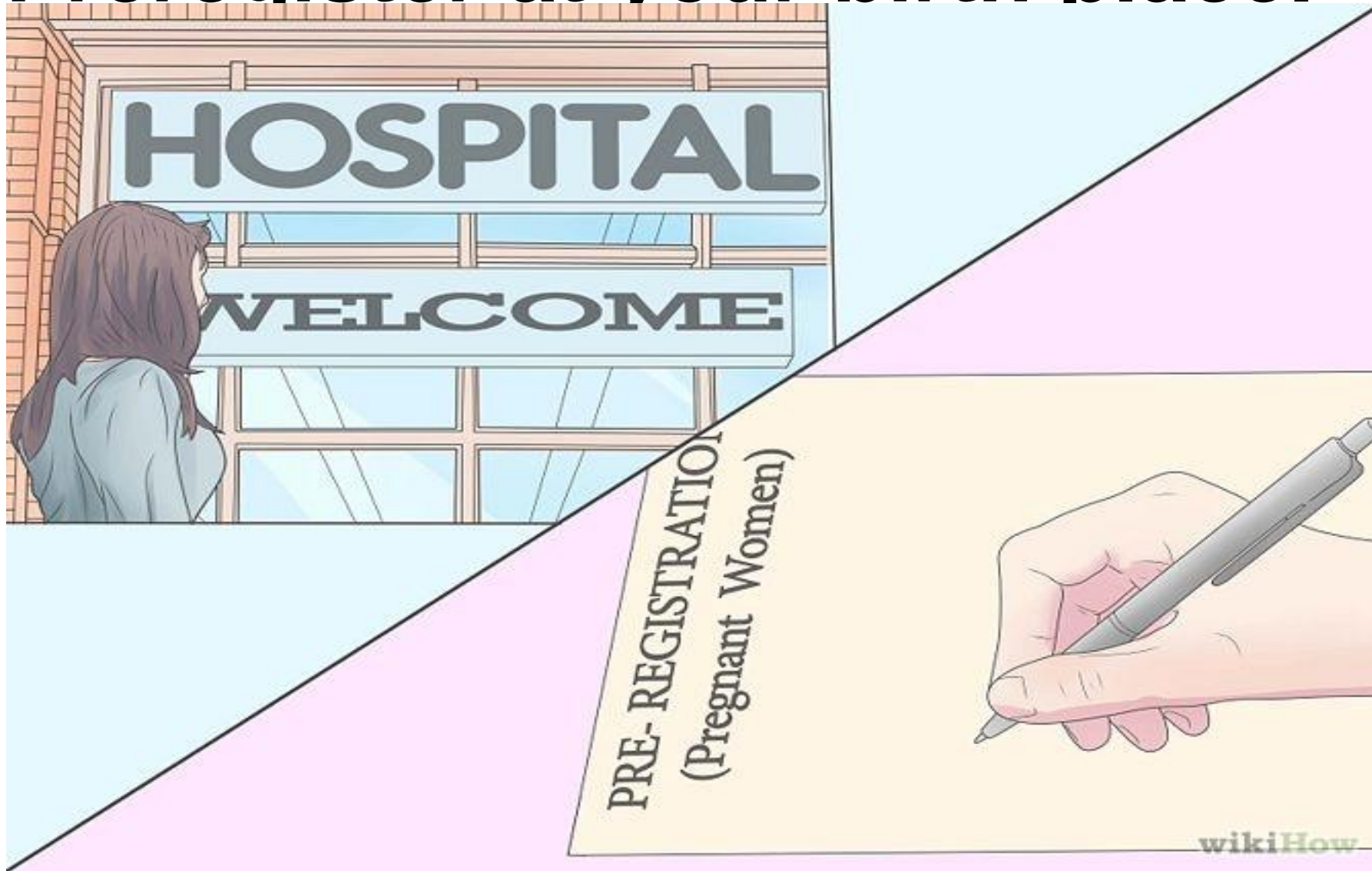
Psychology .BIRTH PLAN: PORTUGUESE WOMEN'S PERCEPTIONS The European Proceedings of Social & Behavioural Sciences ...

- The Birth Plan (BP) is a document drawn up by the couple to express their wishes regarding their labour.
- It promotes the couple's expectations regarding their delivery and allows better communication with
- health professionals. The use of the BP increases the autonomy and satisfaction of women. As midwives
- we wanted to know the perception of Portuguese citizens about the use of the birth plan.

**The BP appears to be a key element in the provision of antenatal care**



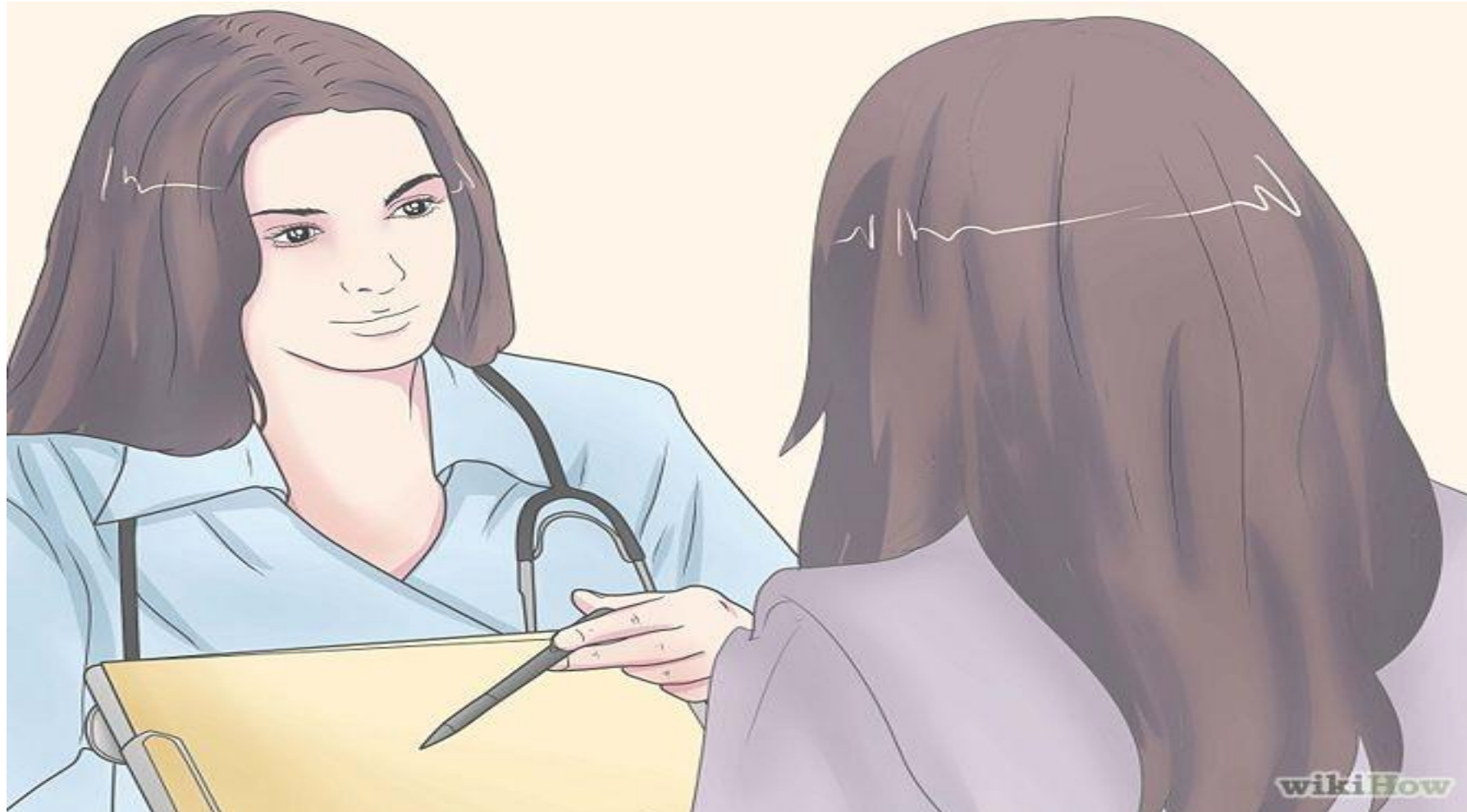
# 11. Preregister at your birth place.



# 12. Prepare yourself and your home if you choose to have a homebirth.



# 13. Discuss special concerns with your Midwife if you will be having a scheduled CS.







# your birthplan

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- A **birth plan** is a written list of what you'd like to happen when you are in labour and give **birth**.
- A **plan** includes things like who you'd like to be **with you** in labour, and what **position** you'd like to give birth in.
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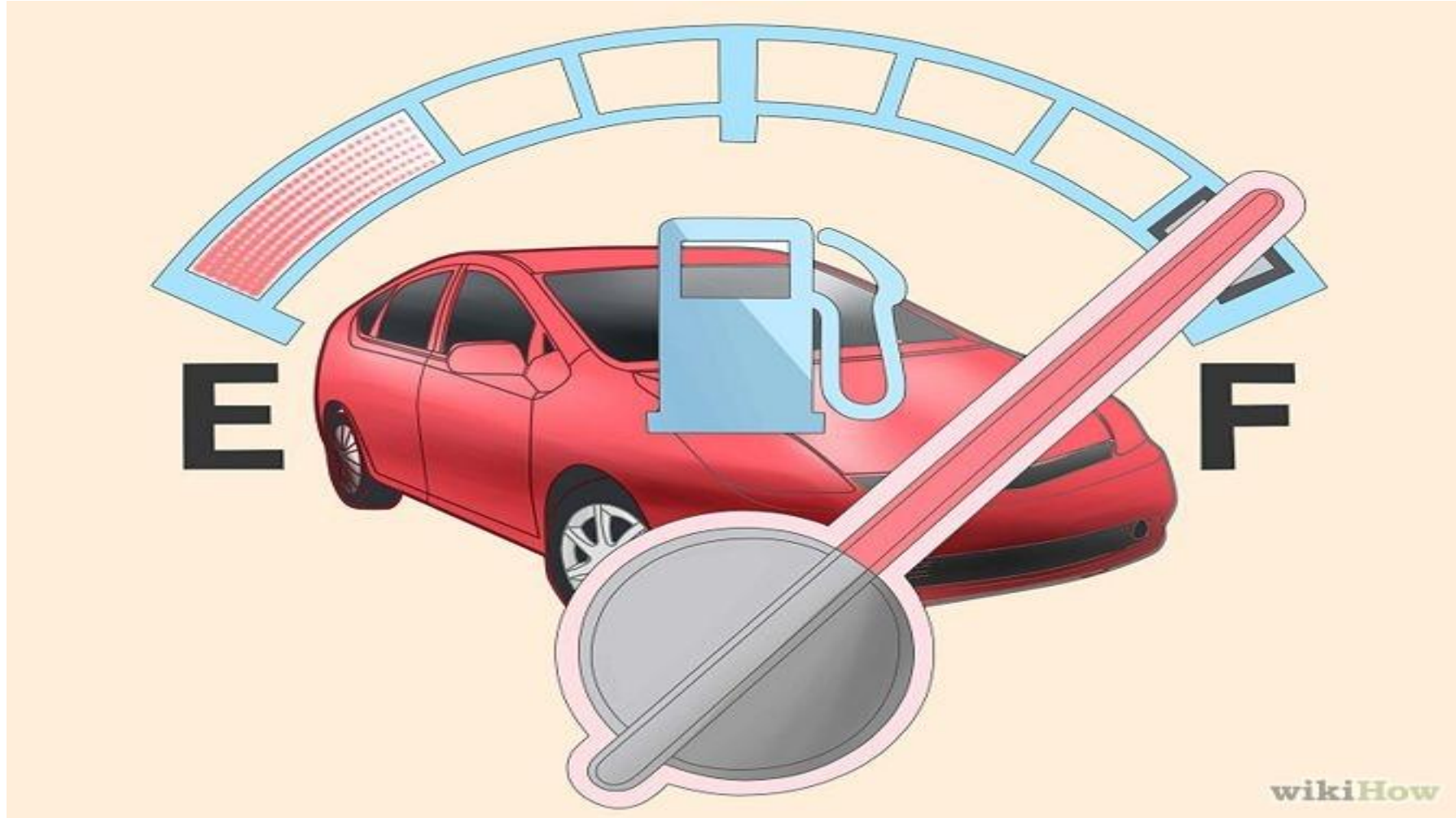
**14. Practice the route to your birth place multiple times in advance of labor from your work place and home.**



**15. Pack a labor bag and have it ready to go.**



**16. Keep your gas tank full during the third trimester if you will be driving to your birth place.**





# 17. Set up a nursery or sleeping area for the baby.





## 18. Stock up on food for the postpartum period.



**19. Enlist help for during and after the birth. (Assign people to watch any older children)**



20. Accept that labor will most likely occur before or after your due date.





[www.ebram.blogspot.com](http://www.ebram.blogspot.com)



# MIDWIFERY 2030

## A PATHWAY TO HEALTH



### PLANNING AND PREPARING *PROVIDES:*

- delaying marriage
- completing secondary education
- providing comprehensive sexual education for boys and girls
- protecting yourself against HIV
- maintaining a good health and nutritional status
- planning pregnancies using modern contraceptive methods

### ENSURING A HEALTHY START *PROVIDES:*

- maintaining your health and preparing yourself for pregnancy, childbirth and the early months as a new family
- receiving at least four antenatal care visits, which include discussing birth preparedness and making an emergency plan
- demanding and receiving professional supportive and preventive midwifery care to help you and your baby stay healthy, and to deal with complications effectively, should they arise



### SUPPORTING A SAFE BEGINNING *PROVIDES:*

- safely accessing midwifery services with the partner of your choice when labour starts
- finding respectful, supportive and preventive care, provided by competent midwives who have access to the equipment and supplies they need and receiving emergency obstetric care if required
- participating in decisions about how you and your baby are cared for
- having the privacy and space to experience birth without unnecessary disturbance and interventions
- being supported by a collaborative midwifery team in the event that you do need emergency obstetric care

### CREATING A FOUNDATION FOR THE FUTURE *PROVIDES:*

- starting to breastfeed immediately and being supported to continue breastfeeding as long as you wish
- being provided with information about and support in caring for your child in the first months and years of life
- receiving information about family planning so you can efficiently space your next pregnancy
- being supported by the midwifery team to access child and family health services and vaccination programmes at the appropriate time



## WHAT MAKES THIS POSSIBLE?

1

All women of reproductive age, including adolescents, have universal access to midwifery care when needed.

2

Governments provide and are held accountable for a supportive policy environment.

3

Governments and health systems provide and are held accountable for a fully enabled environment.

4

Data collection and analysis are fully embedded in service delivery and development.

5

Midwifery care is prioritised in national health budgets; all women are given universal financial protection.

6

Midwifery care is delivered in collaborative practice with health care professionals, experience and by health workers.

7

First level midwifery care is close to the woman and her family with seamless transfer to next level care.

8

The midwifery workforce is supported through quality education, regulation and effective human and other resource management.


9

All health care professionals provide and are enabled for delivering respectful quality care.

10

Professional associations provide leadership to their members to facilitate quality care provision.



A hand holding a pen is shown writing on a white page. To the left of the page is a stack of several books of various colors and thicknesses. The background is a light-colored wall with a window blind visible in the upper right corner.

**If the  
future were a book,  
would you read it, or write it?**