

Semiahmoo Midwives Birth Plan

Our philosophy is to provide individualized support and medical care that honours women and families while ensuring safe delivery. We make every effort to ensure any proposed interventions are explained and discussed with you. Birthing can be an empowering experience as you welcome your baby into the world. We encourage all clients to consider their preferences in this process. This plan is to provide an overview of the midwives' approach for clients to modify and add to as they see fit.

Early Labour:

- During early labour, there is strong evidence that hospital admission before active labour poses significant risks.¹ (Please see the When to Call in Labour sheet as reference for distinguishing between early and active labour.) As a result of this research, we **encourage women in early labour to try to relax, rest, and hydrate at home until active labour** begins. Please eat as desired and consider using a bathtub or shower to ease the contraction waves.

Active Labour:

- A calm, supportive atmosphere is our goal. This may include low lighting, soft voices, quiet environment, and privacy
- We will encourage you to move, walk and change positions frequently to assist the progress of labour. We especially encourage the use of a birth ball or peanut ball. For general information on birth positions, see <https://evidencebasedbirth.com/evidence-birthing-positions/>
- We will suggest supportive non-pharmacologic pain relief measures such as the bathtub, shower, tens and massage. Please note that hospitals do NOT provide TENS machines.
- Pain medications are available in hospital and may include morphine, nitrous oxide (laughing gas), fentanyl or epidural as needed starting with the less interventive. Please note that walking epidurals are not available.
- IV fluids will only be used for medicinal indications or dehydration
- We will wait for your bag of water to break on its own unless a clinical reason indicates that artificial rupture of membranes (breaking of the bag of waters) may be helpful or necessary.
- We typically listen to your baby with a handheld doppler, just as in clinic, every 5-15minutes in active labour. Continuous monitoring occurs with a medical indication only and will be discussed with you.

¹ Early versus Late Admission to Labor Affects Labor Progression and Risk of Cesarean Section in Nulliparous Women

[Rafael T. Mikolajczyk](#),^{1,2,*} [Jun Zhang](#),³ [Jagteshwar Grewal](#),⁴ [Linda C. Chan](#),⁵ [Antje Petersen](#),⁶ and [Mechthild M. Gross](#)⁶ [Front Med \(Lausanne\)](#). 2016; 3: 26.

- We do not perform episiotomy unless it is clearly necessary to help the baby deliver quickly. If forceps or a vacuum are used, an episiotomy is sometimes done.

Birth:

- Vacuum, forceps and caesarean section are only performed if necessary and with permission
- You or your partner may wish to help lift baby out if born vaginally
- We do not routinely suction the baby's nose and mouth
- Delayed cord clamping is standard in our practice unless medical need occurs. If you have specific preferences regarding the timing of cord clamping, please let us, or the delivering physician, know
- Your partner, you, or a chosen support person may cut the cord if they wish
- We recommend one hour of skin to skin after birth unless medical need arises otherwise

Third Stage... the placenta:

- We offer active management of the placenta
 - Active management is an injection of Oxytocin into your thigh right after the baby is born to reduce the likelihood of bleeding (please read the third stage management handout).
- We usually offer to show you the placenta. If you wish to take home your placenta, please bring a sealed container.

For hospital birth:

- Your midwife will phone the hospital to advise them of your labour status and our intention to come into the hospital. Very occasionally we are advised that there are no rooms or nursing staff available at your preferred hospital. This situation may be resolved by labouring at home for a few more hours or it may be necessary to go to another site if you need to be in the hospital sooner.
- At both SMH and PAH, you will labour and birth in a private room. At SMH there are showers in every room and tubs in 3 out of the 36 rooms. At PAH there are tubs in 7 out of the 8 rooms.

Please add any additional preferences you may have