

Planning for birth

Joy Johnston



“In normal birth there should be a valid reason to interfere with the natural process”

WHO 1996

Midwife Primary Care

Since women began having babies midwives have been the traditional carers, the guardians of each society's next generation.

The words of a wise woman from ancient times are as powerful today as they have ever been:

You are a midwife.

You are assisting at someone else's birth.

Do good without show or fuss.

Facilitate what is happening

rather than what you think ought to be happening.

If you must, take the lead.

Lead so that the mother is helped,

yet still free and in charge.

When the babe is born the mother will rightly say

"We did it ourselves".

Attributed to Tao Te Ching, about 2000 years ago.

Today's midwife should never forget such a basic challenge - to be 'with woman'.

Step 1. Choose your midwife

The accepted definition of the professional midwife today is "... a person who, having been regularly admitted to a midwifery education program, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn infant". (International Confederation of Midwives (1990), also ratified by the International Federation of Gynaecologists and Obstetricians, and the World Health Organisation.)

SOME QUESTIONS YOU MIGHT ASK WHEN CHOOSING A MIDWIFE

or other lead maternity carer. (These are a few suggestions.)

- Will you provide all my midwifery care or will others be involved?
- How can I contact you if I need help or advice?
- Who provides backup care, if you are not able to provide my care?
- What arrangements for professional indemnity insurance do you have?
- How long have you been attending births?
- How many births a year do you attend?
- Are you likely to be away when my baby is due?
- How many bookings do you accept in a month?
- Where will my prenatal visits take place?
- How many prenatal visits do you recommend, and why?
- (planned homebirths) What hospital transfer arrangement do you recommend?
- (planned hospital births) What is your access arrangement with ... hospital?
- What will happen if I need to see a specialist during my pregnancy or labour?
- What will happen if my baby needs to see a specialist?
- Do you provide home visits postnatally? How many?
- Do you have peer review of your midwifery practice?
- What costs are incurred in midwifery care? What rebates on costs are available?
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Step 2. Enjoy your pregnancy

A midwife is able to give professional care and advice through pregnancy, birth and the postnatal period. When you choose a midwife as your primary carer, or lead maternity carer, that midwife is responsible to:

- provide and coordinate your care,
- assist and advise you in developing your care plan,
- attend you in labour and birth, and
- assist you in the days after the birth.

Step 3. Plan for your birthing

A midwife is the only maternity care practitioner who offers this degree of continuity of care throughout the childbearing process. The midwife works in a partnership with each woman, tailoring the care to the wishes and preferences of the individual woman. If medical or obstetric complications occur your midwife will continue with you, working collaboratively with the doctor or doctors who are specialist or secondary carers.

If a doctor is your lead maternity carer, a midwife or midwives will be called upon to assist the doctor in providing care during labour, birth and postnatally.

The choice of a midwife may be limited, as the number of independent midwives in Victoria who are able to provide primary care is small. Practical issues such as distance from the midwife's home to your home will be taken into consideration when a midwife accepts a booking.

Current options for midwife primary care are:

- your midwife provides all professional care during pregnancy, attends you for birth at home, and visits you in your home during the week or more after the baby's birth
- your midwife has a shared antenatal care arrangement with a public hospital. Your midwife provides most of the antenatal care, and you see the doctor at the hospital clinic for checkups at set intervals. You may choose to go to hospital to give birth, or ask your midwife to attend you at home. The hospital may require a hospital midwife to be involved in your care while you are admitted. However your midwife will seek to continue to work in partnership with you, while collaborating with hospital staff.
- Your midwife has an access agreement* with a private hospital. Bookings are made at private hospitals in the name of medical practitioners. The role of your midwife during your pregnancy is one of primary carer, and if you need medical attention, that doctor will be consulted.

*This is a rare option, available at only a few hospitals. Most hospitals in Victoria do not acknowledge independent midwives, nor do they facilitate best-practice midwifery care which enables a woman to be attended by a known midwife. I believe that this situation will change only when women demand change. For more information about birth reform see the Maternity Coalition website www.maternitycoalition.org.au

Your midwife will arrange with you for a series of prenatal (antenatal) visits. The purpose of these visits is to build up a partnership - trust relationship between you and your midwife and to record that you and your baby are well. Prenatal visits with your midwife often last an hour or more, and are an opportunity for personal preparation for the birth and parenting.

Birth Plan

A written **Birth Plan** helps you communicate your wishes. A **Birth Plan** is your personal statement of issues that are important to you in preparing for the birth of your baby. Your **Birth Plan** helps you communicate with those who are supporting you, and those who are providing professional care during your pregnancy, birth, and the postnatal period. It is an important document in many ways. Of course there are many aspects of birthing which are un-knowable, and your **Birth Plan** should allow for and support your informed decision making at all times.

You may wish to give a copy of the **Birth Plan** to your Midwife, and keep a copy in your hospital

Remember: birth is not an illness

DECISIONS, DECISIONS

The choices and decisions that you make about your pregnancy and birth should be based on your knowledge about yourself, your preferences, and other information that is available to you. The decision to plan homebirth or hospital birth should not be fixed - you are free to make choices as events unfold.

Birth preparation meeting:

It is wise to invite your midwife and anyone else who you are planning to have involved in the birth to visit you at your home for a birth preparation meeting when you are at about 36 weeks gestation. You should have your birth kit ready or almost ready. This meeting is an opportunity for all who will be with you for the birth to get together - there will be no strangers when you are in labour. Each person has an important role. Someone in your team will be responsible for your other children. Someone will take care of food. Someone will know how to operate your washing machine so that you don't have to think about that. Your midwife, and her assistant or student will also be able to learn how to find their way to your home.

Hospital:

It is wise when planning homebirth to have a plan for hospital back-up, meaning that if you need to go to hospital at any time in your birthing event, you know where you are going.

Tests and investigations:

Your local doctor can order blood tests such as haemoglobin check and others as may be considered appropriate. It is fashionable in our society to have ultrasound scanning of almost all pregnant women. I do not recommend this as a routine. If you decide to have an ultrasound it is wise to record details of the level of exposure, and the time and place of the scan.

QUESTIONS TO CONSIDER IN PREPARING FOR BIRTH

(This list is only a guide - Please raise with your midwife any issues that you consider to be important)

LABOUR AND BIRTH:

- Place of birth?
- Who do I want with me?
- Options/preferences for pain management/relief?
- Information about complications?
- Contact with the baby?
- Cutting the baby's cord?
- Blood loss, oxytocics?
- Third Stage, handling the placenta?

AFTER BABY HAS BEEN BORN

- How long does my midwife stay?
- Midwife's involvement if hospital birth?
- Assistance with baby care and breastfeeding?
- Milk supply, meeting baby's needs, breast fullness, expressing milk?
- Blood loss, after pains, involution of the womb?
- Healing of perineal tear, regaining muscle tone?
- Vitamin K?
- Newborn screening test?
- Hepatitis B vaccine for baby?
- Support at home - meals, cleaning, other children &c?
- Maternal and Child Health services? Community services and support groups?
- Sexuality and contraception after having a baby?

My advice is:

at any time, if anyone wants to interfere [procedure, test, intervention, advice] ask:

- What do you want to do?
- Why do you want to do that?
- What is likely to happen if I say 'no' - if I don't allow you to do IT?

If, after asking these three questions, you do not believe you need the interference, 'no' may be the best answer!

It's your body, your baby, your responsibility to make informed decisions.

BIRTH PREPARATION CHECK LIST

IF YOU ARE BIRTHING IN YOUR OWN HOME:

- phone numbers for your 'team'
- waterproof protector on your bed mattress
- sheets, towels, warmed blanket for you immediately after the birth
- protection for floor and furniture
- sanitary pads, hot pack, water bottle
- exercise ball, bean bag, pillows
- music tapes/CDs, candles, oil burner
- warmed wraps and towels for baby
- portable room heater
- container for placenta
- garbage bags for soiled items
- 'bluies', or other plastic-lined pads (I will provide these)
- special items such as birth pool
- drinks for yourself (eg sports drink)
- drinks and food for your partner and team
- camera and film - who will take photos? What photos do you want?

IF YOU CHOOSE TO GO TO HOSPITAL TO BIRTH YOUR BABY, OR GO SHORTLY AFTER THE BIRTH:

- Ambulance subscriber?*
- Toiletries (especially tooth brush, tooth paste, deodorant and soap)and clothes
- Clothes and blankets for baby
- Car seat / capsule fitted to your car
- Food & drinks
- Camera, film &c
- Who will care for other children?

*The ambulance would be needed for transport to hospital in situations such as excessive blood loss.

Planning for birth

You are planning to give birth in your own home.

Your pregnancy is a statement of your wellness, life and strength.

New life is swelling your body.

You and your mate accept the gift of life with eager anticipation.

Your body tells you that change and growth are following nature's course.

The cessation of your menstrual flow

the desire for good food and rest

the enlargement of your breasts

all external -

accompany the private dreaming.

As your midwife I am committed to supporting you and your family through this wonderfully basic life event - the birth of your baby - your personal, intimate celebration of life and health.

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1995

www.aitex.com.au/joy.htm

Thanks to Kelly White for the photo of Maggie.