

## **Birth Preferences**

### **What is it?**

Your preferences for delivery is a document in which you can write down specifics and expectations regarding the delivery.

Every pregnant woman and every partner have a different way of approaching the delivery.

### **Why create preferences for the delivery?**

Research has shown that a good preparation helps during the delivery. This can be done in various ways: for example, by reading books, by going to educational evenings or by following a pregnancy course. Creating your preferences for the delivery can also help in preparing for your delivery and in discussing with your partner what you expect from the delivery and what is important to you both.

By writing down wishes, dreams, expectations and any fears in your preferences for the delivery, and by discussing them with the midwife or gynaecologist, mutual understanding is created and you can work together better during the delivery.

### **What will happen to your preferences for the delivery?**

The midwife, doctor or gynaecologist (hereinafter referred to as obstetric care provider) will try to take your preferences for the delivery into account and to meet your wishes as much as possible during your delivery. The safety of you and your baby always comes first and that is why your preferences for the delivery can be deviated from in reality. Usually, this will always be done in consultation with the pregnant woman, but sometimes there are emergency situations where the explanation will initially be brief.

It is also possible that during the delivery you want something different from what you initially had in mind. You never know in advance exactly what you will need during the delivery.

Try to make clear and concise preferences for the delivery so that the care provider can see at one glance what is important to you. The document will be included in your file, but also make sure you have a copy in your hospital bag.

### **What is the standard obstetric care you can expect and what else would you like to include in your preferences for the delivery?**

Below is a brief description of what you can expect from obstetric care during your delivery. We have compiled this based on the most common questions and items that can appear on preferences for the delivery. If you have any other wishes regarding your delivery after this, you can note these in your preferences for the delivery. To keep the document readable and because not every pregnant woman has a partner, we will only refer to 'the pregnant woman' from now on. However, if applicable to you, then this of course also applies to the partner.

### **Who may be present at the delivery?**

- If possible and you opt for a home delivery, the midwife will be supported by a maternity nurse. The midwife calls her to assist with the delivery.

If you choose to give birth in the hospital with the midwife from the practice, this support is also provided by a maternity nurse. If you do require medical attention during the delivery (for example because you want pain relief or because the baby has defecated in the amniotic fluid), that support will be provided by a nurse from the hospital. From that moment on, the obstetric care providers from the hospital will be responsible for you and will guide you further.

- If you choose to give birth on an outpatient basis (a delivery in the hospital, but with the first line midwife), the first part of the dilation takes place at home. On average from 5-7 centimetres, we go to the hospital.

- During the delivery in a hospital, there are several obstetric care providers you may encounter, such as clinical midwives, gynaecology physician assistants and gynaecologists. They work in shifts of about 8 hours. The obstetric care provider on duty will assist you during the delivery. In some hospitals they work with 2 or even 3 obstetric care providers per shift. Sometimes you may see several faces per shift. It is also possible that a shift change takes place during your delivery, in which case you see new faces.

- Because we think it is important that well-trained care providers are at your bedside, you may encounter students from different programmes. Depending on the year and level, he/she will perform actions independently, but always under the responsibility of the obstetric care provider. If you do not think it pleasant that a student is present at your delivery, please indicate this.

#### **How is the communication with me/us?**

- The obstetric care provider will do everything in consultation with you and your partner. If a medical indication arises, you may be faced with choices. The obstetric care provider will then tell you which policy he/she recommends you to follow and will also explain why this seems the best. So that you can make an informed choice. We will always strive for a birth that is as natural as possible.

When complications or emergencies arise during the delivery, there may be little time for consultation. The obstetric care provider must then act quickly in the interest of your health and/or the health of your child. There is always a brief explanation of what is going on and permission will be requested for any actions such as a vacuum pump or caesarean section. After the delivery, time is always made available to talk about the delivery.

#### **How are different positions handled during the delivery?**

- The importance of different postures and relaxation during the delivery is supported by all care providers. We strive for as much freedom of movement as possible and factors that can increase relaxation. Think of dimmed lights, music, being able to use a shower or bath. There is no music system in the hospital, so bring your own music and a box or earphones.

- Whether you give birth at home or in the hospital, you can adopt the position that suits you. If you already have a preference for a certain (pushing) position (hands and knees, semi-sitting, squatting, ball or birthing stool) prior to the delivery, please indicate this. It

may be that a change of position is advised to better guide the baby or yourself or to better monitor the health of either one of you.

### **Choice of pain relief**

- If it becomes more difficult to cope with the contractions and/or you can no longer handle the pain properly, medicinal pain relief is possible in the hospital. You can read about the various options in the brochure about pain relief from [deverloskundige.nl](http://deverloskundige.nl) / [degynaecoloog.nl](http://degynaecoloog.nl). The obstetric care provider will inform you about the various options and will sometimes advise you on the most suitable option for you at that time.

### **A cut and stitch**

- A cut is only made on indication, for example if the baby is in distress. This decision will also be made in consultation with you, and the obstetric care provider will only do so with your approval. Before a cut is made, it will be anaesthetized first. You may also be given extra anaesthesia during the stitching. In case of a home delivery, the midwife has all the corresponding materials with her too.

### **After the birth**

- After the birth of the baby, the baby is still attached to the placenta with the umbilical cord. We let the umbilical cord pulse out for at least 1 minute before the umbilical cord is clamped (also in case of a caesarean section). If desired and possible, we can also wait even longer with the so-called 'clamping of the umbilical cord'. We always ask who wants to cut the umbilical cord. Sometimes the baby needs extra support immediately, or after a few minutes for a good breathing or a good start. If the baby does not have a good start spontaneously, the umbilical cord will be clamped sooner to support and investigate the baby further.

As soon as possible, we will make sure that the baby is back with the mother.

- When the baby is born, he/she will be placed directly on your stomach and will remain skin-to-skin on the chest for at least the first hour (the so-called 'golden hour'). After this, the baby is checked from head to toe and weighed. If you give permission, the baby will receive vitamin K by mouth. If the baby cannot lie on the mother's chest during the 'golden hour', we encourage skin-to-skin contact with the partner.

- After the birth of the baby, the placenta will also have to be born, and the uterus will have to contract to limit blood loss. Depending on the course of the delivery, it will be advised to administer oxytocin. This is to support the process of the birth of the placenta and to prevent you from losing excessive blood. For this your permission will also be requested in advance.

- If you wish to breastfeed, it is preferable to breastfeed the baby within 1 hour of birth. Of course you will be supported in this if desired. Even if you opt for bottle feeding or if breastfeeding is not possible, you will be guided and advised.

- You yourself are responsible for taking pictures and or videos. Of course you can ask a healthcare provider present to take some pictures, if that person does not have to perform any medical actions at that time. Do ask permission from those present if you also want to capture them in the picture or video.

## In closing

It is important that, regardless of the place where you give birth, we always strive for the most natural birth possible. Unnecessary actions will be avoided. Making an incision, performing an artificial delivery with a vacuum pump, or a caesarean section will therefore really only take place if there is a medical reason for it, and after you have given permission.

The delivery process cannot always be controlled and sometimes develops differently than expected. We do our best to guide you as well as possible. The health of mother and child is paramount, and we also strive for a birth experience that is as positive as possible. You have been able to read about our 'standard' obstetric care. If you have any additions or other wishes, please write this down in your preferences for the delivery and discuss this with your obstetric care provider.

You can use the following questions to write down your preferences for the delivery.

### Personal wishes

1. Name
2. Date of Birth
3. Due date
4. Maternity nurse's name and telephone number
5. Preferred place of delivery
6. Have you given birth before? And how did you experienced that?
7. Who do you want to be present at your delivery?
8. Do you have specific wishes about the guidance from the obstetric care provider (other than described in this document)?
9. Do you prefer any pain relief?
10. Do you have a preference for a certain birth position?
11. Do you dread anything? If so, what is it that you dread?
12. Other points you want us to know?