



Birth Plan for
rainbow
babies

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Congratulations. We understand that while this is a happy time it is also an anxious time. This document is designed to help guide you through birth after a loss, managing emotions, understanding your options and creating an empowering birth plan.

Birth after a loss

It is likely that birth will be a hugely triggering event, even if your baby died before or after the birth itself. You are having a different pregnancy with a different birth. Those involved in your care should be treating you with kindness and dignity.

If you experienced a late miscarriage, stillbirth or neonatal death it is highly likely that you will have a planned birth, most likely by induction or planned caesarean, under consultant care.

Your consultant will go through your options with you. Most likely they will suggest a planned delivery after 37 weeks.

Depending on the hospital, in the week before delivery you will be offered additional scans and monitoring for reassurance and to help you manage your anxiety.

If you lost your baby at a certain point in pregnancy the care team will support you to have a planned delivery by a certain time to avoid this date, or put in extra scans and reassurance (if not both).

It is natural to compare your births and labour experiences. There are lots of triggers, and lots of what ifs. Have the birth that makes you feel the most reassured.

Unless someone is a health professional that is part of your care team you do not need to listen to their opinion! The only view that matters is yours and your birth partner. You can integrate your child who died into your birth planning so that they feel part of the birth of their sibling. Do what feels most comforting for you.

Consent

In the UK, for birth, the rights lie with the mother. This essentially means that the hospital and its staff have to have your consent before they do anything.

Obviously if Doctors and Midwives are advising that you do something because it is in the best interests for you and your baby, that advice should be listened to because they have your best interests at heart. They need to explain clearly why it is in your best interest so that your decision to agree is informed and voluntary. Unless you agree, no one can make you do anything.

This may make you reflect on previous hospital visits. To find out more about consent please visit <https://www.nhs.uk/conditions/consent-to-treatment/>

Birth Options and Interventions

Below we outline different forms of birth options and interventions. Do what feels most reassuring for you. Whatever you decide, it is worth reading about all the different options so that you feel fully informed to feel most prepared no matter what birth you have.

This section can be a bit exhausting and triggering to read so please check in on yourself and give yourself a break and a rest if you need to.

Induction

Induction of labour is when labour is started with assistance. It is fairly common in the UK with 1 in 5 pregnancies being induced. This figure is often much higher with babyloss parents (in one rainbow unit 69/70 births were induced/planned C section. Only 1 was spontaneous).

It is really common for babyloss parents to think that the induction process will be the same as their previous experience (why would we think otherwise?) but there are some key differences.

- The drugs used this time around will be different. They will not be as turbo charged, while the drugs used to induce labour will be strong, they will be gentler than the drugs you received previously, meaning that labour may take longer than before.
- Instead of tablets inserted vaginally you will probably be offered gels (that will still be inserted down there). You may also be offered a hormone drip to speed up labour.
- While labour may take longer, the birth itself may not – your body has already given birth before, your cervix and body knows what to do.
- Just because you are having an induction does not mean you cannot create a birth plan that makes you feel more comfortable and in control
- After birth you will be moved to a shared labour ward. If the hospital is able to offer a private room and this is something you can afford it, ask the hospital what provisions they have

- TRIGGER WARNING – in a live birth, hormones are released that tell the baby they are going to be born. The baby then works in tandem with the body to help itself be born. These hormones kickstart the birth mechanisms so baby know how to get out the womb and what to do when they get out.

- As mentioned earlier there may be some key triggers, and reading the above may leave you feeling triggered. Take a break, and when you feel ready, later in the document, we will go through triggers and how to manage them.

Planned C-section

Some parents may feel that a planned C section is the best way to manage anxiety and avoid uncertainty. Whatever decision you choose to make is up to you. 1 in 4 pregnancies in the UK are delivered via caesarean section. It is major abdominal surgery.

For a planned C section you will be given a spinal epidural (which differs to the epidural offered in labour), which will knock out feelings in your lower body, meaning you cannot move around until the drugs wear off.

You will be awake but won't be able to feel anything, or may feel a pushing sensation but will not feel any pain.

An incision will be made much lower down (about 2 inches below your pubes). The midwives will shave and clean you to get you prepped for surgery. This is normal.

The whole surgery lasts about an hour.

There are usually around 9 people in the room, who will include the anaesthetist, surgeon, midwife, scrub nurse, student doctor, student

midwife etc. The anaesthetist will usually be by your head and will chat throughout. Your partner will, if you choose to have one in the room, will be sat on a stool next to you so your heads will be level with each other. They will be wearing similar items to your care team such as a gown, plastic cap and gloves.

For planned C sections

- Steroids may be given to mimic the hormones involved with birth. As mentioned above the hormones in labour sends a message to the baby that they will be born. The steroids will help the baby to breathe. Your consultant or midwife will explain this in more detail and the breathing issues are usually temporary.
- The recovery takes longer, you will likely stay in hospital for 3 to 4 days after the surgery and then need to take it easy when you get home
- Just because you are having a planned C-section does not mean that you cannot have a birth plan!
- You will probably spend more time talking to the anaesthetist than the obstetrician. The anaesthetist will stay by your head during the procedure, and probably chat to you throughout.
- A 'natural caesarian' is offered in some hospitals and involves dimmer lighting, music of your choice, the option of the screen being lowered when the baby is being lifted out, the baby being more slowly lifted out the womb, baby being placed directly onto Mum while checks and Vitamin K shot is administered.

Ask your hospital if they can provide this or incorporate elements into your C section if this is what you would like.

Assisted delivery

This is when forceps or a ventouse are used to help with delivery. Assisted delivery happens in 1 in 8 births and can happen because

- Baby is in an awkward position
- Mum is getting exhausted
- Concerns around baby's heart rate

Your midwife or doctor should explain the reasons for using either of these, how and why they will be used, if they feel the need to use them.

You need to give consent before a ventouse or forceps are used. Vacuum delivery, sometimes called ventouse, is when the baby is guided out using a cap fitted to its head by suction.

The cap is very small and fits on a specific spot on your baby's head. During contractions and pushing the midwife/doctor will gently pull to help deliver the baby.

A forceps delivery is where forceps are placed around the baby's head to pull him or her gently from the birth canal. Forceps look like large spoons or tongs that fit around the baby's head.

Both interventions are a safe way to deliver the baby. Both can cause vaginal tearing (more likely with forceps). Your health professionals will explain these risks to you before you consent.

For more information on assisted deliveries please visit <https://www.nhs.uk/conditions/pregnancy-and-baby/ventouse-forceps-delivery/>

Unplanned C-section

Procedure wise, and unplanned/emergency C section is similar to a planned section, but the timescales are much quicker. It is not uncommon.

There are various reasons you may need an unplanned/emergency C section including labour not progressing or going into labour before a planned C section, but as you have seen from the accounts above, the procedure itself is nothing to be scared of.

- The term unplanned and emergency are often used interchangeably. Emergency basically means it is unplanned. Emergency is quite a worrying word, but usually an 'emergency' C section is not an emergency, just unplanned, and does not mean you or baby are in danger.
- In true emergency situations you and your baby will be whisked up to theatre and the baby can be out in less than 10 minutes.
- Your partner and the care team will be wearing operating outerwear such as a snazzy plastic cap, gown and gloves.
- 26% of births in the UK are by Caesarean section, most of which are unplanned C sections. It is fairly common
- Having an unplanned C section is nothing to worry about. The team in theatre are there to support you to meet your baby and look after you both.

- During a vaginal birth mucus gets pushed out of the baby's lungs. This doesn't happen during a C section, so your baby may cough up this mucus in the first few days.

This can make it harder to feed (baby may not feel like it if they are mucousy) and can sound very worrying but is normal and should get better during the first few days.

- Please re-watch and reread <https://vimeo.com/129895832> Natural Caesarean Section <https://www.tommys.org/pregnancy-information/labour-birth/caesarean/annies-c-section-birth-story> Caesarean birth story. Hearing positive stories about C-sections may help you to feel less anxious if you have one.

Whatever birth you have, having a tour of the hospital, and familiarising yourself with the surroundings may help you feel less anxious and more prepared.

Most hospitals regularly run tours of the maternity departments.

You can ask your bereavement midwife to give you a tour if you do not want to spend time with other expecting parents.

Managing anxiety

The weeks running up to your due date can be intense. A date that you may have never thought would come is now looming. Anxiety about...everything can be high.

If you are experiencing anxiety this section can help you to think about how best it can be managed.

Many of the anxiety reduction techniques that work for you in the run up to birth will also work during birth and when the baby comes home. Some of these techniques will also be used to help you through birth so you feel more in control. Have you tried

- Breathing techniques
- Spending time with friends or family that leave you feeling grounded and safe
- Listening to music that makes you feel good
- Avoiding people and places that may make you feel worse
- Mindfulness
- Having a chat on the phone to a friend that gets it
- Watching comedies/tv programmes that leave you feeling amused/calm/entertained
- Going to a yoga class/watching an online yoga video
- Have your birth partner give you a hand/head/back massage
- Listening to hypnobirthing or relaxation tracks

What have you been doing to manage your anxiety so far and what has worked well for you?

What can you the birth partner do to help Mum feel more reassured and loved?

What will you do to help yourself feel calmer in the weeks before birth?

Not listening to other peoples unasked for birth stories

When you are pregnant, for some reason it makes you a magnet for people that wish to share (uninvited) their birth 'horror' stories and those of others. Sometimes people do this even when they know you have had a previous loss.

You may have your own version of how to shut these stories down. the following phrases have been used by babyloss Mum's with great effect

"Everyone's birth story is important, but it is not appropriate for me to hear your story right now given my circumstances'

'Does this story have a happy ending?'

'Will hearing this story make myself and my baby feel less anxious?'

Do not worry about upsetting someone or hurting their feelings. If you sense that what they are saying will leave you feeling worse, put yourself first. They should have the sensitivity to realise you do not need to hear it.

If they have already started the story, interrupt them or try and make an excuse to leave, if you do not feel like you can use the phrases above.

If you have been subjected to an unwanted birth story, use one of your anxiety reduction techniques, get to a safe space and get away from the person sharing the story!

Birth Planning

Writing a birth plan gives midwives, doctors and your birth partner a clear idea of what's important to you during labour, birth and in the first few hours with your baby.

A birth plan outlines what you want to happen during the different stages of labour, through to the first hours with your newborn. Births rarely go according to plan, and this plan is more a map devised by you to help you navigate birth, so that whatever happens you are able to go with the flow feeling confident and supported.

This birth plan/birth map is designed to get you to think about the different elements involved in birth. At the bottom of the document is a shorter version to give to your midwife/consultant. We refer to it as a birth map to help you navigate whatever happens during birth, but hospitals will refer to it as a birth plan.

You can change your mind at any time, birth plans are not set in stone and are designed to help give you the birth you want. Statements in colours are designed to get you to think about what you want. Delete, amend and include whatever feels right

Birth map

As mentioned above, this longer version is to get you to think through the different aspects of what you want, with statements that you can choose to use, adapt or ignore. The shorter version with blank boxes for you to fill in is to give to the midwife/consultant so they know what you want.

This version is a lot shorter so then your care team have a succinct plan to support you with. We have created one for planned labour and one for a planned C section. No matter your preference, it may be helpful to look at both so then you feel fully informed whatever path birth takes.

Planned Labour/Induction Birth Map

My hospital care team

I am pregnant after a loss. I wish to be treated with dignity and kindness, and want to minimise anxiety by creating a safe space with professionals that understand and are sympathetic to my circumstances.

I want to minimise the number of people coming into the room, and do not want anyone entering the room unless they fully understand my circumstances so that then I do not have to repeat my situation. This includes Doctors, midwives, students, cleaners etc.

About you

The name I would like to be called is...

Most hospitals will allow one or two people in the room with you. If you have a C-section there is usually only space for one person.

You may wish to include the name of your child who died in this section, or even make a sign to print off to go on the door that says 'Rainbow Baby being born, Buddy's sister'.

You can ask staff to refer to the baby as your child who died's brother or sister, if this gives you comfort.

Making the room feel homely

Regardless of whether you give birth on the labour ward or in the theatre, you can make the space feel your own. You do not have to give birth in a hospital nightie and can bring items to wear from home to make you feel more cosy. If you want to, you can also bring along items of your baby who died.

It may be helpful to break down items to bring from home by senses

- Sight – battery operated fairy lights/candles (check with the hospital if you can use a candle), photos, lamps, any items you have that make you feel more grounded and safe by looking at them, eg a pebble bought back from holiday, or a teddy you have.

You could bring along any, photo's, symbols or teddy's you have for your baby who died. You can dim the lights if you want and get the room feeling ambient. Downloading comedies to watch on your phones while waiting for labour to progress could help provide some humorous relief.

- Sound – playlists of your favourite music. You may wish to have a more upbeat energetic playlist during labour and then a slower, softer playlist for when baby is born. Whatever music you play is up to you. You may prefer sounds to music.
- Smell – washing items in your favourite fabric softener from home, having a cotton pad soaked in a particular scent, bringing along a hand cream. Recreating the smells of home can feel very reassuring.
- Taste – bringing along tasty food and drink (such as cordials) from home. Hospital food is usually not very nice, and often the birth partner will not be offered food.

You can ask the midwife if they have a toaster or microwave that you can use and bring meals from home or bread to make some toast. Most hospitals have a shop or café on site or nearby. You may even be able to order takeaway!

Generally, sugary foods should be avoided during labour, as both Mum and baby will have a sugar high then a sugar low. The haribo can wait until after birth.

For labour, nourishing food that give energy will help. Sometimes women feel nauseous, especially during the early stages of labour. Eating little and often can help.

Water bottles with a straw so mum can sip/be offered a sip will help Mum feel hydrated.

- Touch – blankets, night shirts from home, pillows or cushions from home, if you have any items that feel nice to rub your fingers against, cosy slipper socks, slippers etc. Most hospitals will let you turn the bed into a chair so then you can feel more comfortable sat down in your own home comforts.

What items will you be bringing with you?

Birth Partner (if you would like one to be involved with the birth).

Some hospitals only allow one birth partner, please check with your hospital if you would like to bring more than one person

My birth partner/s is/are called who is/are my..... and

I would like my birth partner to be with me during labour

If I require a caesarean section I would like my birth partner to be with me

I would like my birth partner to be present and actively included in all conversations regarding all options regarding pain relief, delivery etc

In the event that I am unable to make decisions regarding medical treatment for myself or my baby my birth partner has permission to make decisions on my behalf.

Birth partners – it is important to keep mum feeling loved and reassured. Oxytocin, known as the love hormone, is one of the key hormones involved in birth.

The more you can help Mum feel safe and loved, the more oxytocin will be released. In particular with soothing stroking and physical reassurance, this can help distract from the more uncomfortable sensations associated with labour.

Below are some suggestions to help release oxytocin and help Mum feel safe

- Stroking her arm/back of her head
- Tell her you love her and are proud of her
- Give her a hand massage
- Giving her a hug
- If you do hypnobirthing listening to tracks/ reading scripts
- Help her to move around if she needs it
- Making sure she is fed and watered
- Being her advocate
- Asking the doctor/midwife questions and clarifications
- Helping everyone feel at ease when the midwife changes shift

Is there anything else you could do to help Mum feel more reassured?

Triggers

For babyloss parents hospitals and birth can be triggering. Triggering is when you are reminded of a previous traumatic event.

The hospital environment, amongst other things, may cause you to feel triggered ie, feeling anxious. You can discuss these with your consultant/midwife, who will work with you as much as possible to reduce triggers so that you feel calmer and better supported.

There may be certain smells, sights, sounds, that you know may be triggering, some of which may be obvious eg certain words used, or the smell of certain products. If you have triggers, what are they?

I have discussed with my consultant triggers I have around birth and the hospital environment

The consultant named.....has agreed that, as part of my care, to mitigate triggers we will...

To make me feel most at ease I would like it if you...

Pain Relief

There are lots of different forms of pain relief (also know as analgesia) for labour and birth. We outline the keys ones below, but your midwife will explain your options to you.

You may wish to have a 'safe' word with your partner to let them know to ask for additional pain relief.

You may already have an idea of the types of pain relief you do and don't want, which is great, but do keep an open mind as you may find that some methods work better for you on the day than others. Often you can combine different forms of analgesia. Do what makes you feel most comfortable.

Your midwife can also explain the different forms of relief to you, or you may feel fully aware of options and would rather ask when you need something, or use your safe word with your partner so they can ask on your behalf.

You may feel 'in the zone' and wish to keep interruptions to a minimum. It is completely up to you.

There are various methods that you may find soothing during the first stage of labour, which can last for a while, such as

- Moving around
- Back massages
- Paracetamol
- A TENS machine
- Having a bath

Slow breathing and hypnobirthing can really help with relaxing during contractions. Some women find bouncing or rocking on a birthing ball may aid relaxation.

TENS machine

A TENS machine sends out tiny electrical impulses to block pain signals sent from your body to your brain. This means you are less aware of the pain. It is attached to the body with sticky pads. It can also trigger the release of endorphins, which are your body's pain-relieving chemicals. It needs to be used early in labour.

Pros

- Does not affect baby
- Stay in control yourself
- Can use other pain relief

Cons

- Can't use in birthing pool
- May not be for everyone
- If you did not start using it in early labour it probably will not work in active labour
- May need other form of pain relief

Gas and Air

A mixture of oxygen and nitrous oxide. You breathe in when contractions begin

Pros

- Takes edge off pain and makes it more bearable
- Easy to use and feel in control as you take when you want to
- Fast acting – takes 15-20 seconds to work
- Does not affect baby
- Can use with other forms of pain relief

Cons

- May feel lightheaded
- Can make you feel sick, sleepy or unable to concentrate in which case stop using
- Might make mouth dry (suck on ice cubes or drink water)
- Does not remove all pain

Water Birth

Some women find the warmth of the water and its buoyancy helps them feel more soothed and relaxed. Many hospitals have them, but tell your midwife as soon as possible if this is what you would like so they can make sure one is available. You can also check with the hospital to see if you can bring your own.

Pros

- Does not affect baby
- Helps women feel in control and
- they can get out any time
- Can use with gas and air

Cons

- Can't stay in the water and use a TENS machine
- Cannot use if you have pethidine or an epidural
- Birthpool may not be available in the hospital
- Birth pools take time to use - you may not have time to use it if things move quickly

Pethidine and other pain relieving drugs.

An opioid, such as pethidine, is given as an injection for pain relief.

Pros

- Fast acting (takes 20 minutes to work), strong pain relief
- Lasts 2-4 hours
- Can help you cope better with contractions
- Can help you relax, and even sleep through contractions

Cons

- Can make you feel nauseous and vomit (although they are often administered with anti-nausea drugs)
- Can make women feel woozy, sick and forgetful
- Not recommended close to 2nd stage (pushing) of labour as it can affect baby's breathing as baby may be drowsy. If that happens another drug will be given to reverse the effect
- Drugs can interfere with baby's first feed

Epidural

An epidural is a local anaesthetic that is injected into the spine and topped up as needed. You can only have an epidural if you are in an obstetric unit (labour ward), so cannot have one at home, or used in conjunction with a waterbirth.

You and your baby will need to be monitored more closely. Your blood pressure will be checked more often, and you will be put on a drip. Your baby's heartbeat will also need to be monitored using a machine (electronic monitoring) for the first 30 minutes after you have the epidural, and after each top-up.

Pros

- Better at relieving pain than opioids, which may give a break from pain so you can have a rest if in labour
- Can help deal with exhaustion, irritability and fatigue
- Can have an epidural at any point
- Not linked to longer first stage of labour or caesarean sections
- May be able to have a type you top up yourself, putting you in control of your pain relief

Cons

- May make pushing difficult
- May cause labour to slow down and contractions to weaken
- Due to anaesthesia may not feel contractions so baby may need help coming down the birth canal with forceps
- Side effects may include low blood pressure, loss of bladder control, itchy skin, feeling sick, headaches, infection and nerve damage (which could be permanent)
- May need assistance walking around
- Some babies may have trouble latching on

During labour I would like the following pain relief

During labour I would like to have explained to me clearly the side effects to myself and the baby, of each pain relief if and when I decide to use them...

Students

Your midwife should have discussed whether you would like a student midwife in the room with you.

Some people may find it a reassuring comfort having someone else who is with them the whole time, some people may not want anyone else in the room they do not know. It is completely up to you and if you do not want a student in the room then the midwife will have to honour your wishes.

I do not mind having a student in the room

I do not want a student in the room.

If I change my mind I want the student midwife to leave the room

Keeping active during labour/birth positions

Active just means being off the bed and moving around to keep yourself comfortable during labour. It helps with the progress of the birth and can help some Mums feel more actively involved in the birth. You do not have to be lying on your back with legs in the air during labour and birth.

Some women find

- being on all fours
- leaning with their hands against the wall and feet apart
- squatting
- standing/sitting on a ball and shifting from side to side feels really comforting
- swaying with their birth partner
- bouncing on a birth ball
- propping themselves up with pillows

can help them feel more comfortable. It is likely during labour you will innately know what your body wants to do to feel comfortable, which may involve all/some/none of the above, but will probably involve your own movements that feel good to you in the moment. Do what feels most comfortable and natural for you.

Different hospitals have different equipment you can use to try and get more comfortable as you move around. You can also bring your own equipment from home. Check with the hospital what they have/what you can bring.

Monitoring and epidurals can affect the number of positions you can get into, but the midwife and your birth partner should be able to help you get comfortable

I would like to remain active, as much as possible, during birth

If I have an epidural I would like to be supported into different positions, if possible, with the help of health professionals and my birth partner/s.

I would like to use the following equipment eg beanbag, mat, birth ball, birthing pool etc

If the hospital does not have a birthing pool can I bring my own/hire a birthing pool?

Vaginal Exams

During labour the midwife will undertake an internal exam by inserting gloved fingers into you to feel the cervix to determine how dilated it is and whether it is thinning. These are helpful but entirely optional.

No one can conduct a vaginal exam without your consent. Whether you choose to have them, and the frequency you want to have them is down to you.

Sometimes the Dr or Midwife may wish to determine what position the baby is in and wish to feel what part of the baby is in the cervix which can be helpful in determining what the baby is doing. An internal position check is different to a vaginal exam and this should be clearly explained to you. It is still your decision whether or not you want this check.

I would like to keep vaginal exams to a minimum and only with my informed consent

If my care team need to check internally the position of the baby I wish to have this explained clearly to me and for this to only happen with my informed consent.

Foetal monitoring

Foetal monitoring is the process of checking a baby's heart rate during labour.

Your midwife will check your baby's heartbeat for one minute, every quarter of an hour, using a Sonicaid or Pinard stethoscope. This intermittent monitoring is the recommended practice for women with uncomplicated pregnancies.

If health problems are spotted in the run-up to the birth or if your midwife is concerned about your baby's heart rate during labour, they may recommend continuous foetal monitoring. Also known as CTG, continuous foetal monitoring is only available in labour wards (obstetric units) so if you're in a birth centre or at home you will need to be transferred.

You can request continuous monitoring but this isn't usually recommended if you're having a straightforward pregnancy. You should discuss with your midwife how you would like the baby's heartbeat monitored and whether wireless monitoring is an option.

If you find the heartbeat to be a trigger you could ask them whether it is possible to turn the sound off.

You may prefer intermittent monitoring, or ask for any other recommendations to have explained to you so that you can make an informed choice.

I would like my midwife/consultant to discuss how my baby's heartbeat will be monitored.

I would like monitoring to be kept to a minimum unless there is cause for concern, constantly, using wireless monitors

Episiotomy

The perinium is the bit of skin between your vagina and bottom. An episiotomy is the process of making a surgical cut in the perineum to widen the opening and allow the baby to be born more quickly.

Usually this is done to prevent extensive tearing, though it's worth keeping in mind that the majority of women do tear to some extent when giving birth, that these heal very quickly, and that routine episiotomies are no longer recommended.

Sometimes an episiotomy will need to be performed if the baby is in a tricky position, or in order to speed up delivery if that is needed. Your doctor or midwife should explain why you would need an episiotomy.

I would prefer to tear naturally unless circumstances dictate otherwise

I would prefer to have an episiotomy than a tear

I do not wish to have an episiotomy unless myself or my partner agree

Interventions

A forceps delivery is where forceps are placed around the baby's head to pull him or her gently from the birth canal.

Vacuum delivery, sometimes called ventouse, is when the baby is guided out using a cap fitted to its head by suction. I

In the event that assisted delivery is necessary I would prefer...

Unplanned Caesarean Sections

As mentioned above, 1 in 4 pregnancies is via C section, most are unplanned. There are lots of things that you can do to make yourself feel reassured. You can also ask for a C-section if you feel that an induction is taking too long to work.

I would like to be informed about the option to have an unplanned C section as soon as possible

If labour lasts more than ...hours I would like to discuss my options of having a C-section

In the event that a caesarean section is necessary I would like to have a spinal / general anaesthetic.

I would like my birth partner whose name is..... to come to theatre with me

If there is time, you can ask if you can bring those same items you bought with you into the labour ward into theatre, such as a pillow, something with a reassuring scent on it, music, teddy etc. The birth partner can also soothingly stroke Mums arm, tell her they are loved, that they are ok, and reassure her.

If time allows I would like my birth partner to bring the following items to theatre with me so that I feel more reassured.

I would like the midwife to shave me/I would like a mirror and would prefer to shave myself if there is time.

There may be elements of a planned C-section that, if you like and if the care team are able to, can be incorporated into an unplanned C-section, for example, lowering of the screen, baby being placed on Mums chest while checks take place etc.

You can always change your mind at any point if you decide you do not want any of these elements.

In true emergency situations time may not allow for these elements. The care team may need to make immediate checks on the baby (this is normal).

I would like to be asked for the screen to be lowered for all of the section/for when the baby is born/to keep the screen up the whole time

I would like silence in the room when the baby is born so the first voice they hear is mine

I would like to bring my camera in the room and for my birth partner/midwife to take pictures while the baby is being born, and soon after birth

I would like baby to be placed on my chest soon after they are born/soon after checks have been made, and have as long as possible in recovery alone with my baby

We would like not to be told the baby's gender/I would like my birth partner to tell me the baby's gender

If for whatever reason baby cannot be placed on me I would like baby to be held by my birth partner

I would like to delay cord clamping

I would like the care team to explain what checks will be made on baby and keep me updated on what is happening to baby when they are away from me

If baby needs to go to the neonatal unit I would like my birth partner to go with baby/stay with me

If baby needs to go to the neonatal unit I want it explained to me and my birth partner why

If baby needs to go to the neonatal unit I would like a picture of the baby to have before they get taken there

I would like explained to me what to expect in the first few days that I may not be aware of, such as baby coughing up mucus and how this can affect breastfeeding, or any other information I need to be prepared for.

I would like to be informed about what pain relief will be provided afterwards, and what affect this may have on myself, baby and ability to breastfeed

If you choose to breastfeed

I plan on breastfeeding and would like the drip placed higher up my forearm

If baby goes to the neonatal unit I would like to be supported by the midwives to go there to breastfeed my baby

If I feel drowsy I would like my partner/midwife to support me to breastfeed

If baby needs to be separated from me I wish to be shown how to self express so I can express colostrum so that baby can feed from this if we are separated.

If baby has issues breastfeeding I would like to be supported by the midwife to be shown the best way to feed baby eg using a syringe to place colostrum of baby's lip.

I do not want my baby being given formula without my permission. If I am resting I would rather be woken up and have this discussed with me

For planned caesarean sections please see the template on planned caesarean sections

Delivering the placenta after the birth and cord cutting

Current NICE guidelines recommend clamping of the cord should be delayed between 1 and 5 minutes.

Some people wish to wait to cut the cord once it has stopped pulsating.

The general advice is to wait until the cord turns white so that the baby gets all the goodness (such as iron and stem cells) from the cord blood.

The cord is usually long enough for you to hold your baby while waiting for the placenta to emerge. For more information on delaying cord clamping please visit

<https://www.babycentre.co.uk/x1043341/what-is-delayed-cord-clamping-and-should-i-do-it>

In some cases it is safer to cut the cord immediately, such as if there are concerns with the baby's heartbeat, issues with the placenta or umbilical cord.

Talk through with your midwife/consultant as to what the best options are for your baby regarding when the cord should be clamped.

If it is safe to do so, I would like to delay the cutting of the cord
Yes/No by ... minutes.

I would like my birth partner to cut the cord once it has turned white, if this is the best option for baby

The third stage of labour begins once your baby is born, and ends when you deliver the placenta and the empty bag of waters attached to the placenta (membranes).

You may have a few minutes to rest with baby before contractions start again and you birth the placenta.

After your baby is born your midwife will offer you an injection in your thigh. This contains the drug syntometrine or syntocinon which helps the womb contract, which can help some women manage loss of blood. This is called a managed third stage

You can also have a physiological third stage in which you naturally deliver the placenta. It is up to you.

You can also have delayed cord clamping with a managed third stage, as the time it usually takes for the cord blood to transfuse to the baby is usually less time than placenta takes to detach. But again ask your midwife and care team to advise what is best for you and baby.

My thoughts on being given an injection to contract my womb before the delivery of the placenta are...

What would you like to happen to the placenta and umbilical cord afterwards? (eg donating the cord blood, saving the placenta for tablets, incinerated etc)?

Skin-to-skin contact with your baby

Immediately/ as soon as possible after the birth you can have your baby lifted straight onto you so that you can be close to each other immediately.

If you prefer, you can ask the midwife to wipe your baby and wrap him or her in a blanket first.

I would like my baby placed immediately on my...

After cleaning my baby first I would like my baby placed on my...

I do not want my baby cleaned

I would like to have at least an hour of uninterrupted time with my baby after birth and once all checks are complete

Vitamin K

I would like my baby to be given Vitamin K via injection/orally

I would not like my baby to receive Vitamin K

Breastfeeding

Breast milk is the best form of nutrition for babies as it provides all the nutrients a baby needs and has lasting benefits for the health of your child.

Infant formula milk can be used as an alternative to breast milk.

It is no one else's business but yours how you choose to feed your baby.

I would like to be shown how to breastfeed my baby

I would like the midwife to watch the baby latch to see if they are latching correctly

I would like to be shown different positions I can breastfeed

I want to be asked permission before anyone other than myself touches my breasts

I would like the midwife to give me advice on how to express milk

I would like to be shown how to use formula

I would like the midwife to tell me what to expect in the first week at home in regards to breastfeeding

I would like the midwife to explain how my hormones will affect me once I get home

Tongue tie

Underneath your tongue is a small strip of tissue called the frenulum. It looks like a strip. In babies with tongue tie this strip can be shorter.

This can restrict baby's tongue movements, which can make it harder for them to latch onto the breast, and can affect feeding. If baby cannot latch it can also cause your nipples to become very sore. Sometimes this is picked up during the routine newborn check.

It is worth specifically asking the midwife to check for tongue tie before leaving the hospital, and if she cannot do this to ask her to find someone who can find this as it is easier to resolve before leaving hospital than after.

I would like the midwife to check my baby for tongue tie before leaving hospital

If my baby is tongue tied I would like to be referred that day to the ear nose and throat/relevant department to help resolve this before I leave the hospital

This is where the birth partner can advocate and push for these checks and the right referrals

After Labour

You will most likely be moved to a shared labour ward. If the hospital has availability you could ask for a private (paid) room.

Health Visitors and Community Midwife

For babyloss parents it is natural to feel anxious after the baby has been born.

Before leaving the hospital you can ask your midwife to refer you to your local health visitor teams (who take over from the community midwife). You can request additional/extended visits from the health visitors if you feel this will help you feel more reassured.

I would like additional visits from the community midwife/health visitors for the first few weeks after the baby has been born to help us feel more confident and reassured.

Planned C-section

As above, adjust, remove and add whatever you need to for the birth map to be most suitable for you. By feeling more in control of the planned C-section and incorporating elements that you want, it can feel empowering, positive and special.

My hospital care team

I am pregnant after a loss. I wish to be treated with dignity and kindness and want to minimise anxiety by creating a safe space with professionals that understand and are sympathetic to my circumstances.

I would like everyone in theatre to understand our circumstances, and would like the care team supporting us in recovery and afterwards to fully understand our circumstances so that we do not have to repeat our situation.

This includes Doctors, midwives, students, cleaners etc.

About you

The name I would like to be called is...

We would like to visit the operating theatre before the planned C-section

We would like to meet as many of the team, especially the obstetrician and anaesthetist who will be operating on the day the C-section is scheduled, before going into theatre.

Bare in mind that you will need to be prepped (note, shaved) before theatre. The midwife can do this, or if you prefer ask for a mirror and do it yourself.

Birth partner

Due to the number of people in theatre you can usually only ask for one person to come with you during a C-section.

My birth partner is called..... they are my.....

How would you like your birth partner, if you choose to have one, involved?

I would like my birth partner to be with me in theatre

I would like my birth partner to be present and actively included in all conversations regarding all options regarding pain relief, delivery etc

In the event that I am unable to make decisions regarding medical treatment for myself or my baby my birth partner has permission to make decisions on my behalf.

If I should need to have a general anaesthetic we would like my partner to stay so he is present at our baby's birth and can hold him or her

Birth partners - it is important to keep mum feeling loved and reassured. Oxytocin, known as the love hormone, is one of the key hormones in birth. The more you can help Mum feel safe and loved, the more oxytocin will be released. In particular with soothing stroking and physical reassurance.

Below are some suggestions to help mum feel safe

- Stroking her arm
- Tell her you love her and are proud of her
- Give her a hand massage
- Giving her a hug/hug her arm and give her hand kisses
- If you do hypnobirthing listening to tracks/ reading scripts/ breathing together
- Being her advocate
- Asking the doctor/midwife questions and clarifications

Triggers

For babyloss parents hospitals and birth are triggering times. There may be certain smells, sights, sounds, that you know may be triggering, some of which may be obvious eg certain words used, or the smell of certain products. If you have triggers, what are they?

By identifying what they are and discussing this with your consultant you can help mitigate triggers, which may help you feel most at ease. You may even have suggestions as to how to reduce anxiety around these triggers such as using/avoiding certain words, behaviours, sensations etc.

Feeling more empowered in theatre

Due to the nature of theatre you will not be able to make the room feel as homely as you would on the labour ward, but there are still things you can do to make yourself feel more comfortable and reassured.

You can bring along items of your baby who died if this makes you feel reassured, though these may have to be in dad's pocket under his hospital scrubs.

You do not have to give birth in a hospital nightie and can bring items to wear from home to make you feel more cosy (although make sure it is a nightie with back access so that an epidural can be used, and ideally one with buttons or a flap at the front to allow for skin to skin contact.

It may be useful to break down items to bring from home by senses eg

Sight – ask the health team if it is possible to dim any lights that do not need to be on (it is surgery so there will have to be some lights on), or lights may be dimmed during the birth. The hospital can let you know if this is possible. You can also ask if your birth partner/midwife, can take picture during or after the birth

Sound - You can have a playlist during the operation, you can request silence or you can have both. It is up to you, what would make you feel most reassured. You may already have a name for your baby, or wish to ask staff to refer to them as the brother or sister of your baby who died eg Buddy's sister. Hearing your partner's voice can be soothing (depending on how you are feeling it could also be annoying!).

Smell - There may be smells that you find reassuring, such as clothes softener from home, essential oils or scents spritzed onto cotton for you to sniff during theatre, or even a perfume for your partner to wear, or a hand cream. Are there any smells that you find reassuring and how would you take them with you?

Taste - With a planned C-section you may not be able to eat anything beforehand, and may not feel hungry after the operation. Ask your hospital whether chewing gum can help with bowel recovery. Packing some nice food to have afterwards may make you feel a bit better when your appetite has returned. What foods could you pack?

Touch - You may be able to bring your own pillow into theatre with you (which can be doubly reassuring if you have a smell from home on it). Your birth partner can lovingly stroke your arm, give you a hand massage, stroke your head, give you kisses on your hand, if this is what you want. Some mums bring a blanket they have slept with to give to the midwife to wrap the baby in while baby has their checks done so then it feels like they are together.

What would you like to bring into the room with you?



During Birth

I wish to be talked through every element of what is happening/ I do not want to know everything that is happening and do not want a commentary/I only want to know when baby is being born

I would like to have any unnecessary lights dimmed for a few minutes before birth/ for all lights to be dimmed

I would like to be asked for the screen to be lowered for all of the section/for when the baby is born/to keep the screen up the whole time

I would like to bring my camera in the room and for my birth partner/midwife to take pictures while the baby is being born, and soon after birth

I would like to play music during the birth

I would like silence in the room when the baby is born so the first voice they hear is mine

I would like music being played when the baby is born, but for the first voice baby hears to be mine

I would like the baby to be referred to as

I would like the baby slowly lifted out

I would like baby to be placed on my chest soon after they are born/ soon after checks have been made/while I am being stitched up

If for whatever reason baby cannot be placed on me I would like baby to be held by my birth partner

After birth

I would like to delay cord clamping/I would like my partner to cut the cord after it has turned white if possible

I would like the care team to explain what checks will be made on baby and keep me updated on what is happening to baby when they are away from me

If baby needs to go to the neonatal unit I would like my birth partner to go with baby/stay with me

If baby needs to go to the neonatal unit I want it explained to me why

If baby needs to go to the neonatal unit I would like a picture of the baby to have before they get taken there

If baby goes to the neonatal unit I would like to be supported by the midwives to go there to breastfeed my baby

I would like explained to me what to expect in the first few days that I may not be aware of, such as baby coughing up mucus and how this can affect breastfeeding, or any other information I need to be prepared for.

We do not want anyone telling us the gender of our baby/ the birth partner will find out the gender of the baby and tell Mum

If you choose to breastfeed

I plan on breastfeeding and would like the drip placed higher up my forearm

If I feel drowsy I would like my partner/midwife to support me to breastfeed

If baby needs to be separated from me I wish to be shown how to self express so I can express colostrum so that baby can feed from this if we are separated

If baby has issues breastfeeding I would like to be supported by the midwife to be shown the best way to feed baby eg using a syringe to place colostrum of baby's lip

I do not want my baby being given formula without my permission. If I am resting I would rather be woken up and have this discussed with me

Pain relief

You will likely be given an epidural block/spinal block or both which will numb you from the waist down.

I would like to be fully informed as to the effects of all medications before I am given them, particularly what affect they may have on baby and myself, and how long these effects last.

I wish in particular to avoid any drugs which will make me drowsy during the operation. I would prefer the use of spinal/epidural/general anaesthetic

I may wish to reconsider delivering vaginally if a general anaesthetic needs to be used

If I feel drowsy I would like my partner to support place baby on my chest

I would like to be informed about what pain relief will be provided afterwards, and what affect this may have on myself, baby and ability to breastfeed

Tongue tie

Underneath your tongue is a small strip of tissue called the frenulum. It looks like a strip. In babies with tongue tie this strip can be shorter.

This can restrict baby's tongue movements, which can make it harder for them to latch onto the breast, and can affect feeding. If baby cannot latch it can also cause your nipples to become very sore.

Sometimes this is picked up during the routine newborn check. It is worth specifically asking the midwife to check for tongue tie before leaving the hospital, and if she cannot do this to ask her to find someone who can find this as it is easier to resolve before leaving hospital than after.

I would like the midwife to check my baby for tongue tie before leaving hospital

If my baby is tongue tied I would like to be referred that day to the ear nose and throat/relevant department to help resolve this before I leave the ward

Students

Your midwife/consultant should have discussed whether you would like a student in the room with you.

Some people may find it a reassuring comfort having someone else who is with them the whole time, some people may not want anyone else in the room they do not know. It is completely up to you and if you do not want a student in the room then the midwife will have to honour your wishes.

I do not mind having a student/s in the room

I do not want student/s in the room

If I change my mind I want the students to leave the room

Vitamin K

I would like my baby to be given Vitamin K via injection/orally

I do not want my baby to be given Vitamin K

Breastfeeding

Breast milk is the best form of nutrition for babies as it provides all the nutrients a baby needs and has lasting benefits for the health of your child.

Infant formula milk can be used as an alternative to breast milk.

It is no one else's business but yours how you choose to feed your baby.

I would like to be shown how to breastfeed my baby

I would like the midwife to watch the baby latch to see if they are feeding correctly

I would like to be shown different positions I can breastfeed

I want to be asked permission before anyone other than myself touches my breasts

I would like the midwife to give me advice on how to express milk

I would like to be shown how to use formula

I would like reassurance on how to use formula

I would like the midwife to tell me what to expect in the first week at home in regards to breastfeeding

I would like the midwife to explain how my hormones will affect me once I get home

After Labour

You will most likely be moved to a shared labour ward. If the hospital has availability you could ask for a private (paid) room.

Health Visitors and Community Midwife

For babyloss parents it is natural to feel anxious after the baby has been born.

Before leaving the hospital you can ask your midwife to refer you to your local health visitor teams (who take over from the community midwife). You can request additional/extended visits from the health visitors if you feel this will help you feel more reassured.

You will likely receive a follow up visit with a midwife to remove your dressing after about 5 days. Please contact the hospital to chase this if no one has contacted you.

I would like additional visits from the community midwife/health visitors for the first few weeks after the baby has been born to help us feel more confident and reassured



Rainbow baby
birth plan (short
version)

I am pregnant after a loss. I wish to be treated with dignity and kindness and want to minimise anxiety by creating a safe space with professionals that understand and are sympathetic to my circumstances.

I would like everyone in theatre to understand our circumstances, and would like the care team supporting us in recovery and afterwards to fully understand our circumstances so that we do not have to repeat our situation.

This includes Doctors, midwives, students, cleaners etc.

My name is

My birth partner is called

They are my

Birth partner involvement





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Triggers

A large, empty rectangular box with a thick yellow border, intended for writing notes about triggers.

Pain Relief and remaining active

A large, empty rectangular box with a thick yellow border, intended for writing notes about pain relief and remaining active.

My view on having students in the room

My view on vaginal exams

Foetal Monitoring

Episiotomy/ Forceps/ Ventouse

I would like to be informed of/ask if I can have an
unplanned C-section in the following circumstances

In the event of an unplanned C-section, where time allows I
would like

If I have an unplanned C-section, after birth I would

My views on cord cutting are

For the third stage of labour

After birth I would like the following to happen to the placenta
and umbilical cord

Skin to skin contact with baby



Vitamin K



Tongue Tie

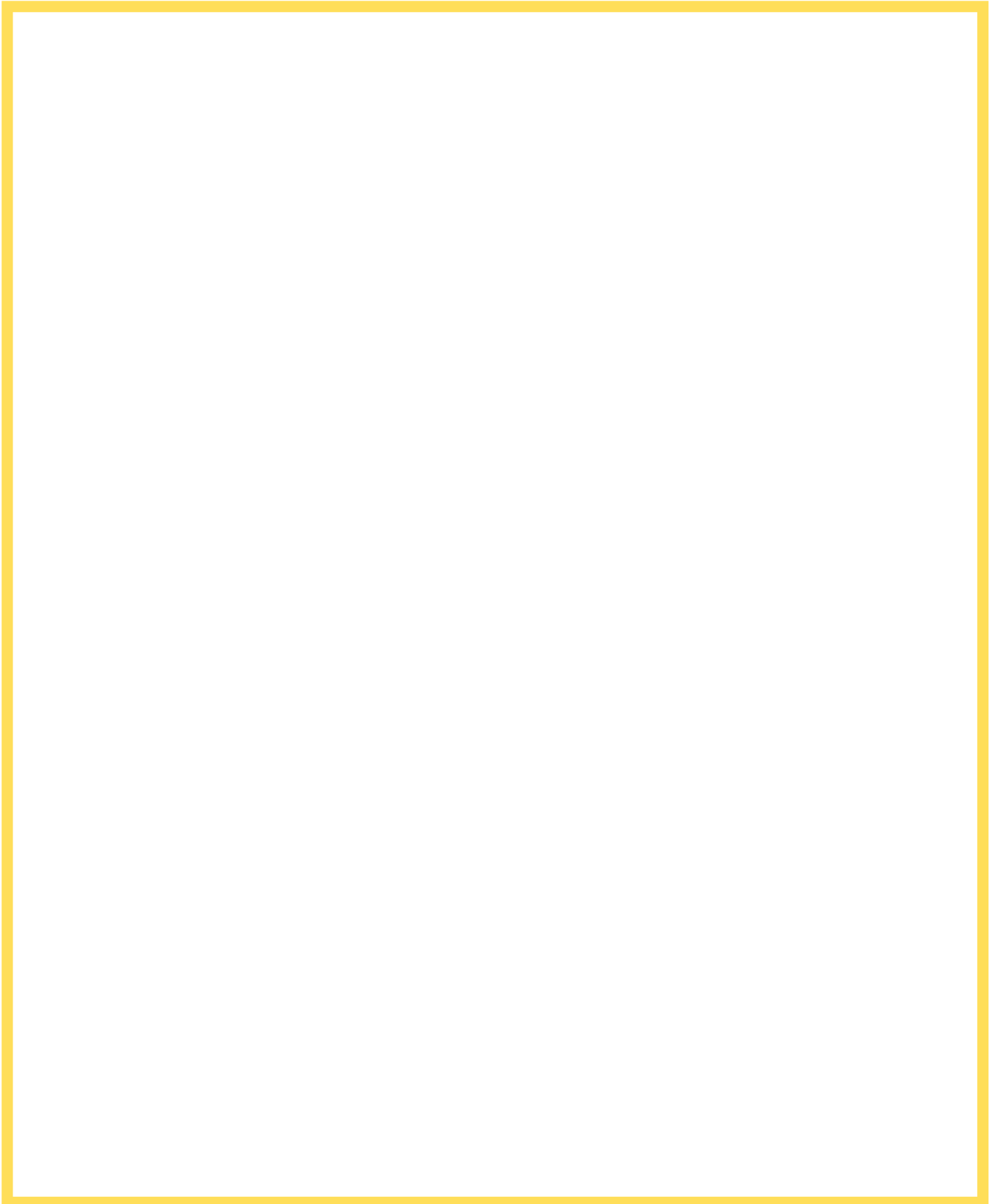




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Breastfeeding



I would like additional visits from the community midwife/health visitors for the first few weeks after the baby has been born to help us feel more confident and reassured.

Other information



Planned Caesarian
Section Rainbow
Birth Plan (short
version)

I am pregnant after a loss. I wish to be treated with dignity and kindness and want to minimise anxiety by creating a safe space with professionals that understand and are sympathetic to my circumstances.

I would like everyone in theatre to understand our circumstances, and would like the care team supporting us in recovery and afterwards to fully understand our circumstances so that we do not have to repeat our situation.

This includes Doctors, midwives, students, cleaners etc.

My name is

My birth partner is called

They are my

Birth partner involvement

I would like the following items, if possible, into the room with me

During the C-section

My views on pain relief are

After the birth

If I choose to breastfeed

My views on checking the baby for tongue tie are

My views on students being in the room are

My views on Vitamin K are

In terms of breastfeeding I would like

When I leave the hospital, I would like additional visits from the community midwife/health visitors for the first few weeks after the baby has been born to help us feel more confident and reassured

Additional information I would like you to be aware of