

Continuing education for savvy doulas

# Birth Plans. The politics and the persuasion.



**W  
Ebirth**

[www.webirth.org](http://www.webirth.org) [www.webirth.co](http://www.webirth.co) [facebook/webirthdoulas](https://facebook.com/webirthdoulas)

Advanced Education and Training  
for Doulas and Birth Workers



**W  
Ebirth**

Advanced Education and Training  
for Doulas and Birth Workers

[www.webirth.org](http://www.webirth.org) [www.webirth.co](http://www.webirth.co) [facebook/webirthdoulas](https://facebook.com/webirthdoulas)

Free live weekly webinars

In person doula reflective and networking events

Online learning, short and long courses focused  
on specific needs of doulas

Mentorship program- opening applications for  
doulas wishing to be mentors.

<https://www.facebook.com/groups/613838222144476/>

# Today's objectives

1. Recall the history and context of birth plans
2. Discuss impact for women by media and social media representation of women who use birth plans and the effect this has on women's confidence in stating their preferences for birth.
3. Discuss the use of birth plans in the context of women centred care, health policy & human rights
4. Outline the essential elements of an effective birth plan
5. Compare different opinions of birth plan attributes.

<https://youtu.be/pQGxaOyWJnI>



A close-up portrait of an elderly woman with short, wavy, light-colored hair. She is looking directly at the camera with a slight smile. She is wearing large, dark, round earrings with a white pearl at the bottom. She is wearing a black and white patterned top. The background is a colorful, abstract pattern with red, orange, yellow, and blue tones.

Sheila Kitzinger

1960's/70's rose to prominence  
1980s developed birth plan concept  
seminal work: 1987, Freedom And Choice in Childbirth:  
Making Pregnancy Decisions And Birth Plans.



# Public perception ideological views view on birth plans:

- Birth can't be controlled -so birth plans are useless
- Birth is not predictable - birth plans make women inflexible with change
- Birth plans cause staff to be putt off-side
- Birth plans decrease women's satisfaction with birth
- Birth plans are all about pseudo feminist demanding natural unmedicated child birth for every one.
- Birth plans are really just women demanding unreasonable and unrealistic choices

**You know what is so cute? You, when you're pregnant and think you actually control how things go in the delivery room. Oh, don't feel bad; most new mommies think they dictate how the birthing process goes. I was no exception.**

scary mommy

<http://www.scarymommy.com/birth-plan/>

“Birth plans engender hostility from the staff, are usually filled with outdated and irrelevant preferences, and create unrealistic expectations among expectant mothers.

*But the worst thing about birth plans is they don't work. They don't accomplish their purported purpose, make no difference in birth outcomes, and, ironically, predispose women to be less happy with the birth than women who didn't have birth plans.”*

skeptical ob

<http://www.skepticalob.com/2012/01/birth-plans-worse-than-useless.html>





Trainee medical oncologist



**Jennifer Lim** @jenstockbridge · 5d

Replying to @GongGasGirl and @ruralgreengp

Isn't there that joke - the length of the birth plan directly correlates w the length of the caesarean scar? 😂



**Tanya Selak** @GongGasGirl · 5d

I'll be using that one!



Anaesthetist Wollongong Private

# Clare Medical Centre

[HOME](#) • [PATIENT INFORMATION](#) • [STAFF](#) • [SERVICES](#) • [OUTREACH CLINICS](#) • [BOOK ONLINE](#)

[CONTACT US](#)

## Dr Melanie Considine (nee Clothier)

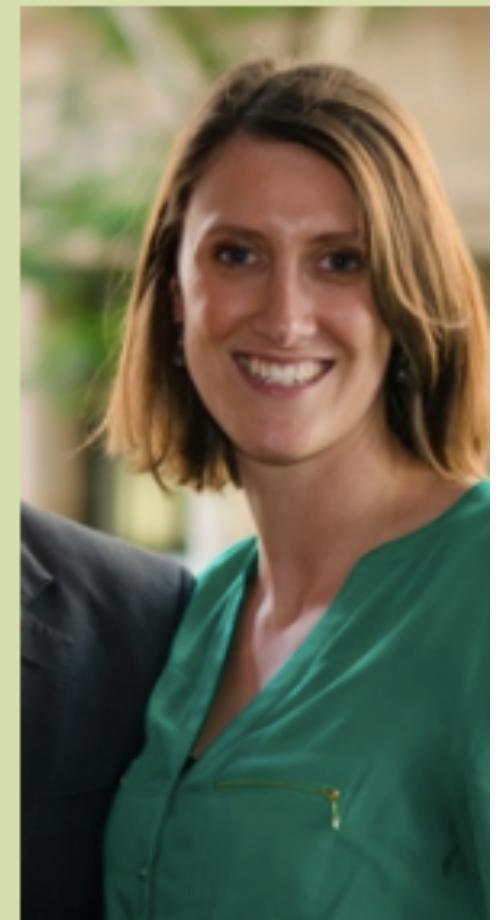
**MBBS(Adel); Dip. Child Health; Cert. Womens Health; FRACGP**

Dr Considine is passionate about rural general practice and believes in life-long learning. She is active on social media, with occasional blogging and contributions to online journals, which helps to keep her up to date with current medical topics. Mel also enjoys teaching, and participates in the John Flynn Placement Program as a mentor to medical students with an interest in rural medicine.

Dr Considine's main areas of interest include preventative medicine, chronic disease management, aged care, womens health (including pregnancy, perinatal care & breastfeeding), paediatrics, adolescent health and mental health.

Dr Considine is a member on several boards, including the Rural Faculty of the Royal Australian College of General Practitioners, and is actively involved in advocacy for both rural clinicians and the wider rural community.

During her time out of the office she enjoys the simple things in life, including time with family and friends, good coffee, food and wine, and travel.



**How do we think  
this impacts women?**

**And what about women who “don’t even  
know” what they don’t know?**

## **Birth can't be “controlled”**

(although neither can life but we plan that)

...It is not all as much to chance as we like to think

- **Place of birth**
- **Care provider**
- **Epidural use.**
- **What we wear**
- **Induction/ augmentation**
- **Ability to move around in labour**
- **Using water for pain relief**
- **Who is with us when we birth**
- **How our partner is supported**



**continuous support by a  
woman, not related to hospital,  
with some training**

You ;)

less analgesia use

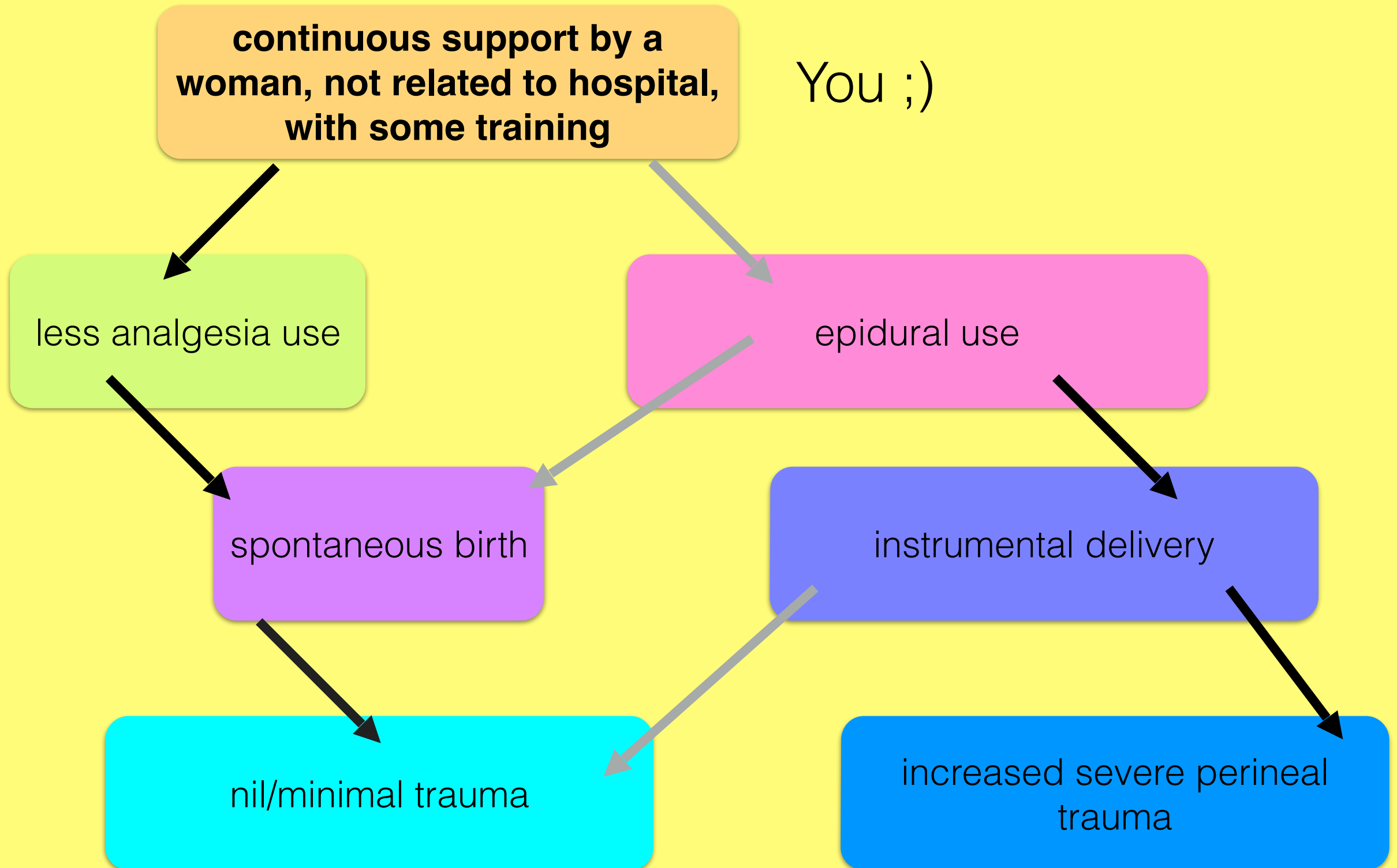
epidural use

spontaneous birth

instrumental delivery

nil/minimal trauma

increased severe perineal  
trauma



## **Birth can't be “controlled”**

(although neither can life but we plan that)

...It is not all as much to chance as we like to think

- **Place of birth**
- **Care provider**
- **Epidural use.**
- **What we wear**
- **Induction/ augmentation**
- **Ability to move around in labour**
- **Using water for pain relief**
- **Who is with us when we birth**
- **How our partner is supported**

**Can you think of  
other ways we can  
control outcomes?**

**Or how these factors  
can effect outcomes?**

# Birth plans in the context of women centred care, health policy & human rights

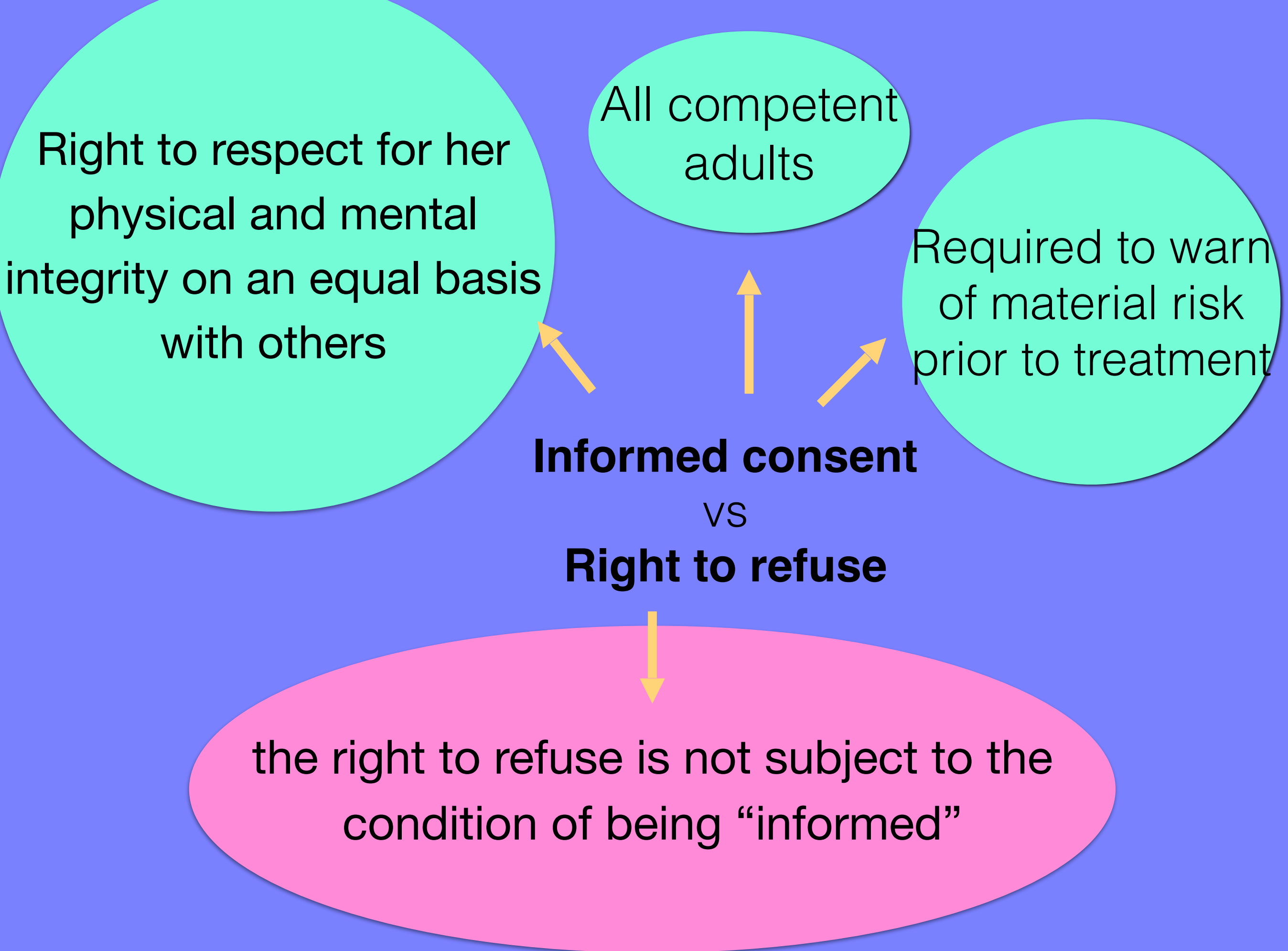
"There appears to be some confusion about the legal status or standing of birth plans which is not reflective of international human rights principles or domestic law. **The right to informed consent is a fundamental principle of medical ethics and human rights law** and is **particularly relevant to the provision of medical treatment**. In addition, our common law starts from the premise that **every human body is inviolate** and cannot be subject to medical treatment without autonomous, informed consent.

**Pregnant women are no exception to this human rights principle or to the common law."**

BY HANNAH DAHLEN AND BASHI HAZARD

<http://www.ethics.org.au/on-ethics/blog/august-2016/don%E2%80%99t-throw-the-birth-plan-out-with-the-bath-water>

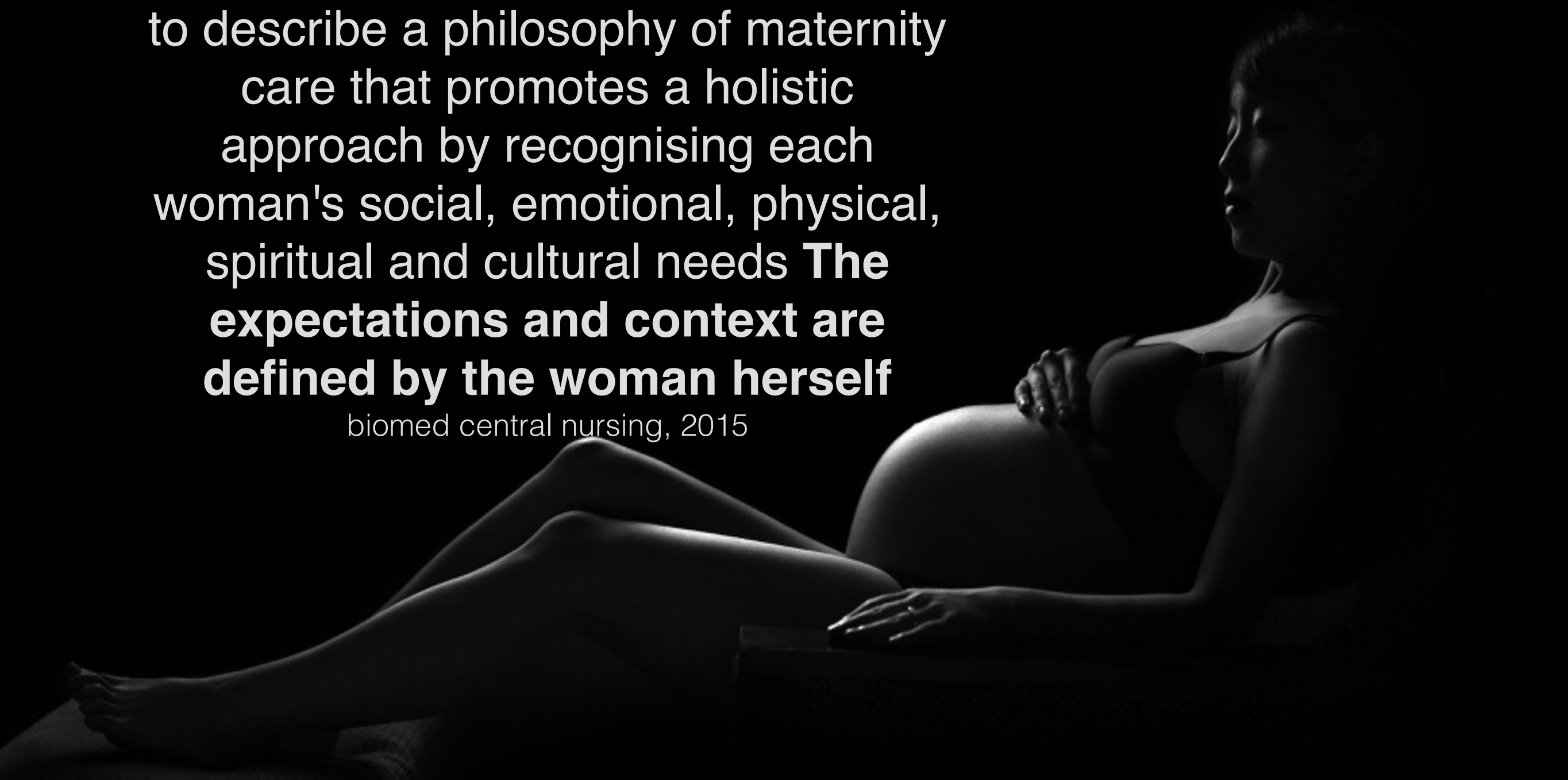




# Women Centred Care

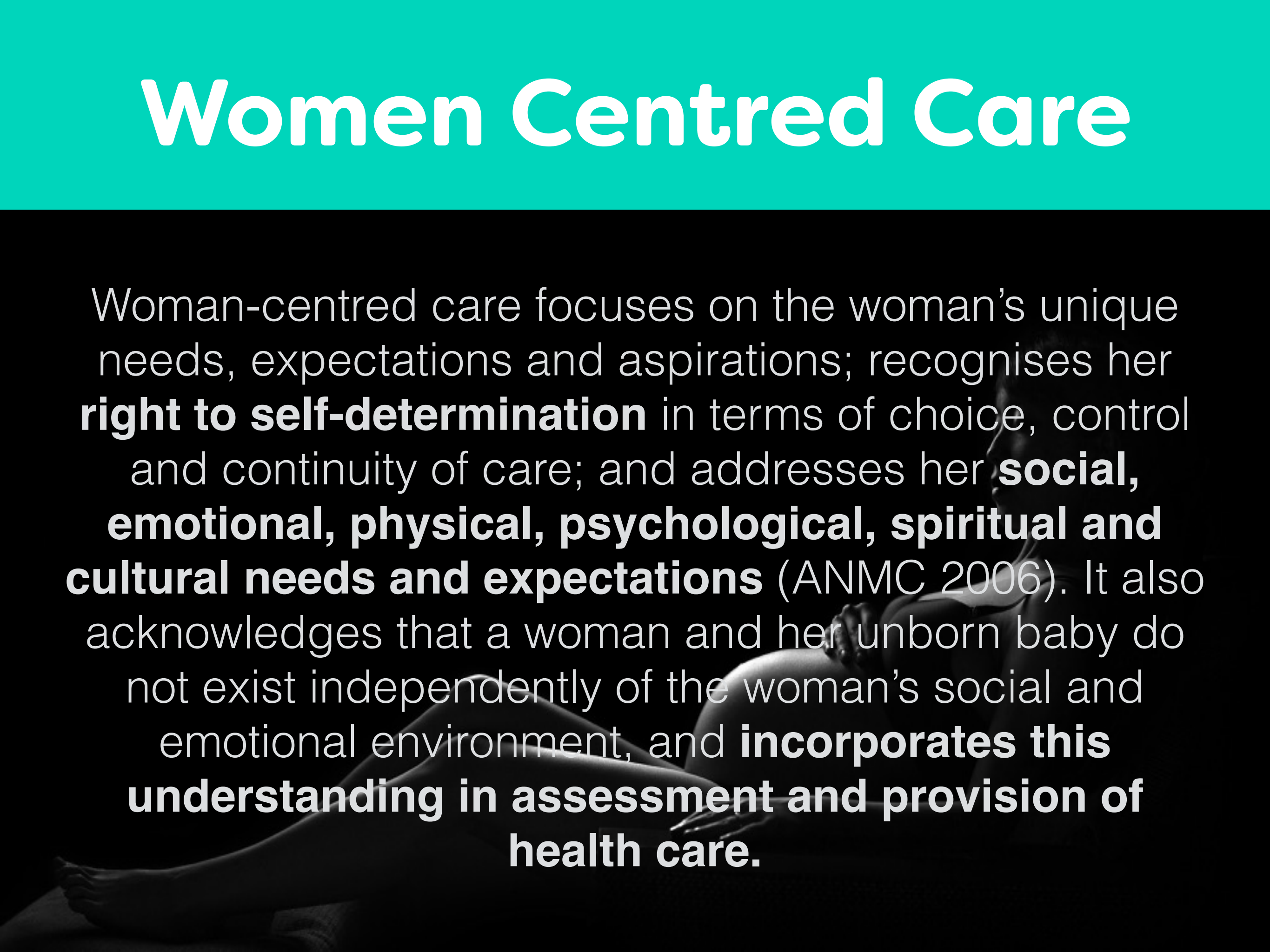
“Women-centred care” is a term used to describe a philosophy of maternity care that promotes a holistic approach by recognising each woman's social, emotional, physical, spiritual and cultural needs **The expectations and context are defined by the woman herself**

biomed central nursing, 2015



# Women Centred Care

Woman-centred care focuses on the woman's unique needs, expectations and aspirations; recognises her **right to self-determination** in terms of choice, control and continuity of care; and addresses her **social, emotional, physical, psychological, spiritual and cultural needs and expectations** (ANMC 2006). It also acknowledges that a woman and her unborn baby do not exist independently of the woman's social and emotional environment, and **incorporates this understanding in assessment and provision of health care.**

A black and white photograph of a pregnant woman lying down, with her hands resting on her belly. The image is partially obscured by the text overlay.

Let's discuss decisions  
women make about their  
care that are  
not based on evidence/  
best practice?



# Essential elements of an effective birth plans

## Period of contemplation

- Research (motivated by the women)
- Brainstorming

## Period of discussion

- With her support people
- with her care provider (reading between the lines)
- With reliable sources of information

## Period of discovery

- when she realises she where she can and will make changes. or accept the status quo

## Period of communication

- with her support people
- with her care provider
- writes the plan

*\*Jackis example*

*\*Jens example*

# Questions for getting started.

What will I do to stay confident and feel safe?

What will I do to find comfort in response to my contractions?

Who will support me through labor, and what will I need from them?

Reflective statements:

- That makes me feel...
- What worries me it....
- I am concerned that....
- What if.....
- What does it mean....

# Good ideas to help with efficacy

- One page
- Bullet points
- Highlight important points
- Consider different plans for different people eg. doctor, partner, doula, midwife etc.
- Written hospital notes
- Know local policy

Compare different opinions of  
birth plan attributes.

**Balance between**  
calm, positive, peaceful  
environment.

**VS**

Women's voice being  
heard



# Compare different opinions of birth plan attributes.

- Negative language: I do not want vs please know that I want
- Visual birth plans vs written birth plans
- Write them yourself vs women to write it
- Birth plans vs birth intentions
- what to do when care providers are not adhering to birth plan?

**Any more?**

# To review:

1. We can help women writing birth plans by addressing common criticisms about their efficacy and reassuring women of their value, and their ability to impact their birth and mothering outcomes.
2. We can help women and families we care for write and communicate their needs, and have their choices respected in the context of women centred care, health policy & human rights.
3. Implementing the essential elements of birth plans will help increase their efficacy.
4. You will be need to consider, in partnership with your clients, the need to balance your ability to facilitate a calm, peaceful and positive environment in addition to ensuring women's voices are heard and responded to.

# Fin





**W  
Ebirth**

Advanced Education and Training  
for Doulas and Birth Workers

[www.webirth.org](http://www.webirth.org) [www.webirth.co](http://www.webirth.co) [facebook/webirthdoulas](https://facebook.com/webirthdoulas)

Emergencies in childbearing

<https://webirth.co/p/emergencies-in-childbearing>

Friday midnight.  
10% off and 10% to Birth Time

Code: DOULA-NETWORK-BIRTH-TIME

SAVE THE DATE  
February 22nd