For many months my partner and I have concentrated on improving our general health through good nutrition, regular exercise and relaxation. As well as reading on the subject of birth and realated topics, we have attended a series of classes which have prepared us for a healthy pregnancy, a safe labour and birth, for breastfeeding and for the early weeks of parenthood.

It is our hope that labour and birth will be spontaneous, natural, dignified and unhurried process... that we will be free from routine hospital practice and high-technology procedures of modern obstetrical management. Such management creates apprehension and often enforces immobility; yet a calm mind, a freely moving body and adequate loving support are essentials for an effective labour. The secretion of endorphins is enhanced in a peaceful and secure environment; endorphins modify the interpretation of pain, thereby reducing the discomfort of the contractions.

As informed parents, we are aware that choices are open to us. These choices have been made in the light of current knowledge. We believe that birth should be a team effort: physicians, midwives and nurses working in harmony with us, observing and guiding, treating our wishes with respect.

In the unlikely event of complications arising we are prepared to be flexible and accommodating, and understand that any procedures contemplated, together with their justification, will be fully explained to us.

REQUESTS:

First Stage -

I will likely bring into the hospital two of our own pillows (with freshly laundered covers). These are to improve comfort as well as to provide a link with home. I may also bring my own gown to wear during labour.

We do not wish labour to be articically induced, unless there is positive evidence which convinces us that our baby is better off outside my body than inside it.

During "the prep" I prefer that an enema/suppositories be given only if I so desire.

I do not consent to a pubic shave or any trimming of my labial hair.

In the first stage of labour I wish to be out of bed and moving about to the extent that I desire. I may ask to sit in a bathful of warm water to improve relaxation and comfort during the stronger contractions.

To provide energy I wish to take easily assimilated carbohydrate nourishment, to sip fruit juice or suck on a lollipop.

My partner's support is required at All times so I prefer that he remains beside me during examinations performed by midwives and physicians.

If there is concern at any time over the rate or rhythm of our baby's heartbeat and a period of continuous monitoring is considered advisable, please apply the monitor externally. This ensures intact membranes and eliminates the possibility of infection or injury to the baby's scalp or other tissues.

There is no need to press upon me chemical pain relief. I am aware that this is available. In the event of my asking for an injection of Pethidine, please DO NOT give me a tranqillising agent as well. We will need to know the extent of cervical dilation before we decide to receive the injection. A dose of 25 - 50 mg may then be given upon my request.

Please <u>DO NOT</u> puncture my membranes. Intact membranes prevent infection from tracking up into the uterus: the forewaters bulge down into the cervix during contractions, making them an effective and comfortable assistant to cervical dilation. The baby's head is cushioned against direct pressure on the cervix. By maintaining general fluid pressure within the uterus during contractions, umbilical cord compression is prevented. The effects on progress of artificial rupture of the membranes are insignificant when compared with the effects of maintaining the woman's trunk in an upright position, combined with good relaxation.

Second Stage -

I wish to give birth in an upright position, and in a first stage room. Even if, near the time for birth, it is advised that I move into the delivery room, providing the birth is straightforward, I would prefer to remain on the bed in preference to climbing on to the narrow delivery table.

DO NOT ask me to begin pushing merely because my cervix is fully dilated. Please wait until my body receives its signal - the involuntary bearing-down movement of the diaphragm and abdominal wall. Although I might require help to synchronise my pushing breathing with these bearing-down or expulsive contractions, please do not exhort me during each contraction to push more strenuously and for longer than I am comfortably able to do so.

Please do not use mechanical suction on our baby as soon as her/his head is born, but wipe around the nose and mouth with squares of gauze. Should baby seem unduly mucousy once completely born, gently carry out whatever suctioning is required.

Please withhold the routine Syntometrin injection which follows the birth of baby's top shoulder. Should concern arise over the amount of bleeding during or after third stage, I shall not hesitate to receive it.

Please do not use episiotomy and forceps to "hurry along" the second stage of labour. A genuine indication for this must exist, and should be explained to me or to my partner.

Allow for a controlled laceration or tear in preference to a cut with scissors. With a cut more pain is experienced with healing, and misery during intercourse can occur for many months.

Immediately following the birth, please hold baby in a lowered position and do not clamp and cut the umbilical cord until it has stopped pulsating. Then place baby on the bare skin of my stomach where I can smell, cuddle, stroke and examine her/him. I would like the option of a Leboyer bath if my baby seems to need it.

Unless the nature of the birth is such that some rupture of capillaries is suspected, do not give baby a Vitamin K injection.

Once baby begins to search for nourishment I would like him/her to nurse at each breast for as long as I wish; then to cuddle him/her until baby falls asleep. Thereafter I wish to breastfeed my baby freely and on demand. DO NOT give any milk "complements". I wish to keep my baby at my bedside to the extent that I desire.

. We feel confident that from a caring profession our wishes during my stay in hospital will be met, and that because of your help and support we will be able to look back on our experience of childbirth with joy and satisfaction.

Thank you for your cooperation.

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REFERENCES

Antenatal diagnosis: Bethesda, Maryland 1979. National Institutes of Health Concensus Development Conference. WIH Pub No 79-1973.

Dr Hiroshi Nagai: Delivery management: presented at The World Congress of Gynecology and Obstetrics, San Francisco, California. Oct. 1972.

Second Stage Labour: Pushing. ICEA Review vol 6 no 2 Aug 1982.

Maternal position during labour and birth. ICEA Review vol 2 no 3 Summer 1978.

Cohen, Wayne: "Influence of the duration of second stage on perinatal outcome and puerperal morbidity." Obstet Gynec 49: 266-269 (March 1977)

R.A. Barker, Chairman, Maternity Services Committee, Board of Health, Wgtn: Obstetrics and the Winds of Change. Oct 1979.

Sheila Kitzinger with Rhiannon Walters: Some Women's Experience of Episiotomy. NCT 9 Queenshorough Terrace, London W2 3TB. 1981.

Caldeyro-Barcia, R. "Physiological and psychological bases for the modern and humanised management of normal labour". in Recent progress in perinatal medicine and prevention of congenital anomaly. Tokyo: Ministry of Health and Welfare 1979. pp 77-96.

Caldeyro-Barcia, R. Some consequences of obstetrical interference. Birth & the Family Journal vol 2 pp 34-36. Spring 1975.