

# Fourth Trimester Podcast

## Episode 13: Your Perfect Birth Plan, Part 1

**Sarah Trott:** [00:00:46] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefitted hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Hi this is Sarah Trott on the fourth trimester podcast. I'm here with my cohost Esther Gallagher and we have a great episode for you today which is to talk about a birth plan also known as birth intentions and more about that later. But this episode is really

focused on talking about what a birth plan is, how it's beneficial, what you might want to consider including in the document and sort of explaining the pros and cons of different aspects of items you want to include for each section. So hello. Hi there.

**esther gallagher:** [00:01:24] Great to be back with you. Yeah I would just add to that that a birth intentions document serves a couple of purposes. On one hand it helps moms and partners really begin to coalesce their vision for their birth, for their desires. While simultaneously, perhaps if they're working with someone who can be reality-based with them about the limits of their desires might be in the birth setting depending where that is. So working with a skillfull birth assistant who has lots of experience can help you process in advance what you'd like your birth to be like and where might have Decision Points to make.

**Sarah Trott:** [00:02:20] And let's talk about Birth plan or birth intentions document is right. It's a practical document. It's a piece of paper maybe one or five pages long, that lists out the contact information of the mom, the dad, the pediatrician, the doula, the midwife, whoever else was there, your actual due date... And then it lists out what parents expecting the baby sort of want and it is there to sort of help whoever's delivering the baby and caring for mom immediately after to know what to do without parents, who might be wrapped up in a moment, have to stop and kind of explain that, right? How would you describe it?

**esther gallagher:** [00:03:09] I think that's always the hope with this document, that the care providers in a hospital setting would have read it before questioning you or assuming that you want a certain kind of care. So once you're into active labor it's really rare that it's actually comfortable for a mom to be able to answer questions and partners, in the moment, often would like if they could be well-focus on mom and even when they're not, don't necessarily have a deep grounding in what's happening in the moments of this particular labor to be able to kind of reflect back on what is it that this Mom wants and needs, What is it that you know when she's delivered the baby she's going to be able to look back and feel good about, where the points where it's a little more flexible, etc.. So that's the idea of her preferences. I've heard other doulas refer to the birth plan as a semi-legal document that is part of your medical file. It's putting out to the people who are involved in your care that you want to be treated a certain way and don't want to be treated certain other ways. And so it's there to send a message. And

that's now an actual lived experience that's not always what happened. It's very common in my experience that every practitioner. Nurses doctors midwives et cetera walk in the room. Look at the mom ask do you have her plan Which sort of defeats the purpose of having the birth plan. But when you have one your partner or do a look and say yes we really prefer that you read it before you ask us any questions. And that just saves you some time. You know usually, not always. But part of the reason I like doing this work is I like the process of moving through the trajectory of early labor, active labor, transition, pushing, immediate postpartum and then postpartum with my clients in those stages and talking with them about "here's what it could be like, here's what it might be like, there are all kinds of permutations, how do we hang loose with this and also move in the direction of your desire?". whatever that is. Typically for first time parents who are employing a doula, that's natural childbirth, whatever they have in mind that might be. So we get a chance to really parse that out. I like the document strictly from the standpoint of it being a way to process in advance and get to know what we're doing together. So it's great for that it's also handy to have once you actually are in labor and go to the hospital if that's where you're delivering.

**Sarah Trott:** [00:06:54] It's fabulous as a tool to think through step by step what it might be like in order to help bring to light what the experience may be like and it's empowering right because someone who goes into their birth, they show up at the hospital with a set of ideas about what they might want. That's a lot more empowering compared to sort of not knowing. If you go in and you don't know what to expect that could be scary. But having a good conversation ahead of time of what your options are going to be, what kinds of choices you're going to have in different kinds of scenarios, that's great. you go in feeling really empowered and know what's going on. On the flip side it can also potentially set expectations. And I love that you coached me to call my birth plan my birth intentions because, I've said this before, when I was have a plan I want to execute that plan. And it can feel like failure for something to not go exactly as planned. However if we call it intention that pressure or that expectation changes.

**esther gallagher:** [00:08:02] It really makes for a different emotional engagement with yourself, with people who are supporting you, the medical team of people who are going to surround you...it really does. And while every bit as powerful it's less, to be blunt about it, it's not shame-based, right. And so much of what women get involved in, in this lifetime, especially around our sexuality is so shame-based in this culture and how

we do things. It's very important to me, whenever possible, to really take a step back and say, This is life, this isn't a project. There is a before this, and during this and after this. And we don't get to decide every moment or every aspect of it. But we certainly can engage our imaginal selves and think into this and imagine into this and come up with what feels right on whatever level ahead of time. So, Yeah. I like it as a tool for empowerment in the best sense of the word.

**Sarah Trott:** [00:09:21] And setting a positive picture and someone's head beforehand. Replacing Fears of the unknown with, Well here's the best ideal scenario that we want and if it happens that's great and if not, that's OK too because we've talked through those outcomes.

**esther gallagher:** [00:09:39] Yeah possibly. I think along those lines it sets a tone for where the wiggle-room is, where wiggles should veer. If we have to wiggle are we gonna just throw the whole idea out or just try and move in the direction that's the least separate from our idea? Right. If somebody had the idea that they wanted to give birth naturally, and for whatever reason they hope not to use drugs and maybe not an epidural and that was a goal of their's in the light sense of the word and labor took a turn in a direction that meant that wasn't gonna maybe be the way that it could happen... the expectation that I think when people know that the goal is, OK we're not just going to jump off the ship and go straight to the most dramatic possibility; we're going to see where's the wiggle-room in this; how can we help this mom have as close to that unmedicated birth as possible? How can we help her get over a hump in the least impactful way, that might set her back on course to have the kind of birth that she had imagined. Now I just think you know when that can be what happens that's great. No, it's not always what's going to be the outcome. We don't know what's up with that baby inside and how what they're experiencing might mediate towards a different outcome or a different path altogether. At least if we have some sense of what that is, we can help make the best decisions for mom and baby and know why we're making those decisions. That's as important to parents' experience as that it's the safety thing or... And I think you can really speak to this, Sarah. I think often when it's a first-time experience mothers really have no idea what their labor will bring them. Just none; and then they're in it and they may or may not have physiological, emotional and spiritual tools they might need or maybe they don't have just the comfort and support that they particularly want. And there just needs to be flexibility around all that; there just needs to

be emotional flexibility on the part of the mom if possible. like if i thought i was just gonna do this all-natural; If I'm finding that when I'm really pushing up against something that I don't know that I can tolerate, I need a kind of support that goes beyond what I originally thought I would. Maybe it's in the form of medication, maybe it's in the form of something else that we didn't predict. And I think we just need to be able to meet that mom wherever she is.

**Sarah Trott:** [00:13:20] I wholeheartedly agree. It's tough to know what Labor is going to be like personally. I had no idea. I certainly had a good sense of what I wanted especially after devising my birth intentions document and talking it through pretty thoroughly both my partner and Esther. So I knew what I wanted and what would be great. But it's impossible to describe until someone's experienced it. And even if I could describe my experience to someone else, I wouldn't want to influence their experience by planting ideas in their heads. Because I think that it's going to be so different for everyone; so different. I purposely didn't want to know what my mom's labor experience was like; I told her not to tell me because I wanted to go into my labor having my own experience. And if there is something that was hard for her, I didn't want to have it in my head that that was automatically going to happen to me. That's what I would have thought emotionally even if it's not logical.

**esther gallagher:** [00:14:27] Well you know when someone that close to us physiologically, emotionally, socially-- whatever that relationship is, it's not easy to block thoughts of how our experience being born might be our experience giving birth, somehow. It kind of does make a lot of sense. Yeah. So it's interesting. And we do live in a culture where people like to tell the traumatic stories. When I say like to, i would think that traumas happen it's really natural and normal that people want to tell the story by way of trying to figure it out and come to some resolution. And in our culture so often when we have had traumatic stories we don't have a way to find that out. They may have been given some technical terminology about what happened whenever/once and then set free with that. No real processing. So it's understandable that they would then turn to other women. And women are craving to tell their stories. It's just a mistake. Because what happens basically is that we're just re-traumatizing ourselves because there's no one there who actually can skillfully help us process, just tell our story and it's then received in ways that might be traumatic for the hearer. So again, it's helpful to hold this process lightly in advance; be a little self-protective as you were, very

intelligent, and let your imagination and your desires for yourself, your baby and your partner be helped in a positive way.

**Sarah Trott:** [00:17:02] I also spent a lot of time reviewing a list of affirmations that my prenatal yoga instructor provided to a class that I took and I'm going to bring her on in the future for another episode to talk about those facts and a firm believer in the positive affirmation side to preparation. So onto the document this document has three sections. We have: during labor and birth, we have after birth and then postpartum, the immediate postpartum and at the top of the document I've got contact information for parents, doctor, pediatrician, doula, midwife, the due date, just basic information and then kind of a statement right off the bat. So our intention is to dot dot dot. Someone might know that they are going to have to have for medical purposes a cesarean. Well maybe it would be, "our intention is to have a certain kind of c-section" or perhaps the intention is to have a completely natural birth. And there's a whole host of options. Right. And what I'm going to do: Esther and I have a template of this document that we're going to put on our Web site. So if you search for fourth trimester podcast on the Web you can find it and find a link to this document which you can download and edit and make your own. Which is probably something that, I don't know if I would have had a birth intentions document had i not worked with you, Esther, because you're the one who gave me this template in the first place..

**esther gallagher:** [00:18:44] You know these days, at least in the Bay area and I dare say probably most California hospitals, when you set up your care with your Obstetrition you get put into a system naturally and wherever you'll be delivering will give you a packet of information, sort of hospital interface information. And it's very common these days to have a document in that packet that is meant to give you the opportunity to state your preferences as it were, appraise you of some of your choices in childbirth and give you the opportunity to write little snippets about what you want or why you want it. They are not bad and I think we would agree because we used one as a way of kind of going through to see what the hospital is asking you and maybe here's what they're not asking you. They are fine as a starting point. So remember they always sort of are communicating something. That doesn't mean it's insidious. It just means it's subtle and so to be reminded that you are the consumer and that you a kind of power that you're going to move into this environment and it is totally appropriate for you to have certain preferences about how you're treated and what you do and when you do it. Now that

means you need to educate yourself pretty well about these details these days. If you take a childbirth class, especially if you take a childbirth class that's independent of that hospital and you'll have to figure out what that means, you're likely to be appraised by your childbirth educator about what all the possible options are and not just "here is how we do it here". So I think that's an valuable tip.

**Sarah Trott:** [00:21:05] Yes and I'm coming at this from the perspective of having had a hospital birth and there are many many people that choose not to have hospital birth and I imagine a birth intentions document is valuable even in those situations as well. What if someone is traveling and they plan to have a home birth and they're traveling. Well maybe you want a document with you.

**esther gallagher:** [00:21:31] That's brilliant. I actually just had that instance come up. They didn't deliver during their travels but they were very concerned about what if we go into labor before we get back so we put together plans. So yeah.

**Sarah Trott:** [00:21:52] Cool. So right off the bat at the top of the document there's a little statement saying, "We understand that unexpected things may occur during labor and value your expertise in supporting us through this process. We would appreciate being assigned" well in this case because I wanted a natural birth. "So we would appreciate being assigned a person who enjoys supporting natural birth. But I imagine we could say something like we would appreciate being assigned nursing staff who can support us in our intentions right.

**esther gallagher:** [00:22:23] Right. Yeah.

**Sarah Trott:** [00:22:25] So also on a practical point I printed out maybe three copies. I have several. I made sure.

**esther gallagher:** [00:22:33] Yes. You sent me one, of course. We had extras because it's so interesting how they walk out of the room when you hand them over to them. So always keep one that you don't let anybody walk away with.

**Sarah Trott:** [00:22:51] So during labor and birth. So the first thing is "we prefer to be at home as long as possible for early stages of labor" Is that typical?

**esther gallagher:** [00:23:01] That is typical in a healthy normal pregnancy that there's no pink or red flags of the pregnancy that might mediate in the direction of maybe going into the hospital sooner rather than later. But you know, even things like sometimes your water has broken don't necessarily mean you have to rush off to the hospital or get admitted if you do.

**Sarah Trott:** [00:23:34] The next comment is really just about what the room environment is like. I think different people will have different ideas. In this case we have, "create a quiet dimly lit and peaceful environment and we are laboring quietly so please don't turn on the lights when entering."

**esther gallagher:** [00:23:54] You have the line, "all repairs using focussed light". What that refers to is, once the baby's out and perhaps the placenta delivered, if momma needs perineal tear repair that they use the surgical light that can be focused down in the direction of where they're actually working and doesn't have to be necessarily all over mom and baby and partner as well. So that's what we meant by that.

**Sarah Trott:** [00:24:23] We don't want to blast that little newborn with light, in a dark place. Next, we would like to keep the number of people in the room to a minimum and if conversations need to happen that don't involve the parents please hold the conversation outside the room to keep distractions to a minimum.

**esther gallagher:** [00:24:45] It's good advice in general because you never know what people were going to think is appropriate to talk about. And that can be upsetting to a mom in labor. Not to mention just distracting that people are talking.

**Sarah Trott:** [00:25:03] And I don't think we have it mentioned in our template but maybe there is a space for it that would be worth listing; if someone chose to have family members or friends present at the birth, who those people are and what those relationships are?

**esther gallagher:** [00:25:18] Yeah. That's not a bad idea at all. Not only that, but I have been involved with clients who have family members who have terrible boundaries and are in other ways not very calm. And the hospital is actually charged with keeping

people away from their clients. So that's part of their security process. And so if you actually did have people that you know you don't want to have show up that might, you might consider writing that into your document and/or just interfacing with the security by way and saying you know, these people just can't, we don't want to talk to them on the phone, whatever.

**Sarah Trott:** [00:26:10] The best intentions sometimes just not be wanted. Next up we have no plans to make video or audio recordings of our birth experience. We may take still photos from time to time.

**esther gallagher:** [00:26:28] Some people want the whole thing professionally videographed, which is also fine. Yes. There are limits however. Just FYI, you are not allowed to videotape in the OR should you have a c-section, without specific permission.

**Sarah Trott:** [00:26:53] We ask you to use the word surge instead of the word contraction.

**esther gallagher:** [00:26:58] Well compare that in your mind: surge; contraction. One sounds kind of interesting. One sounds kind of tight. When in fact what you're trying to do is have your cervix OPEN. While that does involve a certain amount of muscle contraction, that's not necessarily how you want to be mentally and physically experiencing your in labor. So it's helpful if people can be on a wavelength with you along the lines of what you were saying earlier about positive affirmation. You know it's nice to have that be what people are on board with, not using language that might scare you or make you feel tight. We could talk more about that. For instance I like to talk to mamas and their partners about sending positive messages. So rather than, "Stop frowning", which puts the focus on the fact that you're frowning, we might say something like "relax your forehead", which is a direct command, I admit. But hopefully one that's helpful and sends a message of what TO do rather than what NOT to do. Which is which takes more steps in your mind right. First you have to figure out that you're doing nothing. Then you have to stop doing. Instead of just doing it.

**Sarah Trott:** [00:28:41] Yeah and there's also some kind of implication like that's wrong. And the last thing anyone in Labor needs to feel like is there are people there being critical in any way shape or form of what they're going through.

**esther gallagher:** [00:28:55] No no way.

**Sarah Trott:** [00:28:56] You need positive energy and encouragement. Next up we said direct all questions as well as status reports that involve dilation time, quantified process, to the husband or Doula if possible so mother can focus through surges. That's really just about letting other people be a buffer her. Don't bug mom. Next: No routine IV prep. So IVs are optional?

**esther gallagher:** [00:29:26] They're optional so long as mother and baby are in a healthy state. Because they can be physically irritating and then be distracting. So if your labor is going along a healthy normal trajectory why invites further distraction? Now there are lots of good reasons why mom and her baby might need hydration and/or medicine, at which point it would be important to have the IV. so that's why we used the "routine" word: no routine IV prep.

**Sarah Trott:** [00:30:13] Next we said to stay hydrated offer mom apple juice, ice chips and water. If the time of day is between 5:00 a.m. and noon iced tea is also a good option. Mother plans to eat and drink as desired. So I mean in my mind I packed like a huge picnic and I thought it would just be that it would be necessary to eat and drink. Now, for me, Actually I won't talk about what my experience was. Keep your options open!

**esther gallagher:** [00:30:47] Well and by way of Doula advice, if I may use a strong work like that, I've had moms who were drinking and trying to stay hydrated, doing a wonderful job making that attempt and then they're nauseous the whole time. And probably to use a colloquial term, barfing. You can't say hydrated if you can't keep it down. That's a situation where it might be really important to get some hydration and even though it seems like a medical intervention, it might be the thing that we can do that's the least intervention that can get her Labor on track for natural childbirth. So right, dehydration really effects the uterus' ability to do its job. It effects circulation, it affects everything. And so it would be sad to have a labor go really really off the rails

simply because a mom can't stay dehydrated. If she can through normal means, that's great. Now the reason why you might have that big picnic is so that your partner and doula it can stay fed and hydrated! no one's going to give us an IV.

**Sarah Trott:** [00:32:11] The next we have, "the mother prefers that she not be asked about her pain level or be offered pain medication. she will ask for medication if she needs it".

[00:32:24] That assumes the mom who in my case it assumes the momma who has been appraised of her options prior to labor. So again this exercise we're doing with you online is to encourage you to understand how these medications work, how they might affect you if you have previous experience with them, for instance, how it might affect your baby, most thing you'd be offered in a hospital setting are considered very very safe for mom and baby. So that you're going to be able to make good decisions if and when it seems like you could use that sort of medical support.

**Sarah Trott:** [00:33:12] There's mention of how pain management is planned to occur. So in this case it says we plan to rest in the shower with warm water on back, practice yoga and meditation. Also like a birth ball brought into the room if we don't bring our own. I was in a hospital where I was lucky enough to have access to all of that stuff. I wanted that nice-to-have kind of stuff. And then next we have, "refrain from suggesting that mother needs to 'move things along'". I can't imagine being in a scenario where the doctors say, "now, come on!" but i guess it has to be said, unfortunately. And yeah I think that there is I don't see a line here where we say she trusts that her liver will proceed at its own natural rhythm and she prefers to use natural measures of augmentation before pitocin and/or other drugs.

[00:34:09] This is this is an interplay between you and your care providers but the concern with a long labor. Mama and possibly baby will become exhausted. Labor is amazing for just pushing you through itself in a way. And so I'm always really really supporting moms in trying to be really relaxed. Rest as much as possible in whatever ways they can rest during labor so that should it be a long labor, everything will be fine. And it is sometimes the case that you will be discouraged or the suggestion that your labor has really really gone on for a very long time. Here's the distinction that need to be able to make with long labor. and that is, is progress being made, albeit slowly, or are

we in a situation where things are actually not happening. Sometimes it's a little challenging for someone who's never done this before, to figure out, but it's a question that you can ask, "what do you mean by that? are things moving along even if it's slow? or are things actually not moving along at all? and what does that mean?" There is a difference.

**Sarah Trott:** [00:35:53] And then there was also mention of amniotomy.

**esther gallagher:** [00:35:57] Amniotomy is just the medical term for breaking the bag of waters. That's considered a way to do something that would naturally take place at some point during labor or at birth anyway, which is to release the fluid and hopefully by doing that, set up a chain of events that would lead towards more progressive Labor, if Labor is stalling in some way. it's meant to augment the Labor to get it moving long and it is one of those things one might try before you then try medicine to get try to get this party moving.

**Sarah Trott:** [00:36:41] We've asked, "please consult with us about any proposed medical procedure and allow us time in private to make a decision".

**esther gallagher:** [00:36:49] It does seem like common sense, but it isn't always experienced that way. If a doctor or a nurse or a midwife come into the room and say, "well things are happening blah blah blah and we think we out to do blah blah blah" and then they stand there, it can be a lot of pressure. And it's a moment when you want to ask some questions: "If we do nothing is there any medical concern for doing nothing. is baby or mom in danger if we wait another two hours and assess again. these kinds of details are important. and the opportunity to take a break and chat it out with your partner.

**Sarah Trott:** [00:37:35] That was so much good information so far. I think we're at a place now where maybe we want to wrap up.

**esther gallagher:** [00:37:42] Sounds good Sarah. Well we'll pick up where we left off and talk about things like baby and mother monitoring next.

**Sarah Trott:** [00:37:50] Yeah. So we've got more Section 1 and then we'll go through sections 2 and 3 and in the meantime we'll have the entire birth plan/birth intentions document on our website. Search for fourth trimester podcast and you will find this. Thank you so much.

**esther gallagher:** [00:38:07] Wonderful. Take it easy everybody

**Sarah Trott:** [00:38:15] You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Play](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.