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Your Informed Decision Making Tool Kit

Assembled with your human rights in mind and with the belief
that birth is a normal bodily function

Your rights in pregnancy and birth

Human rights laws give you the right to receive maternity care.

Human rights laws give you the right to make your own choices about your maternity care.

Human rights laws say that the care that health professionals give you in maternity must respect your dignity and your freedom to make decisions about yourself (this freedom is called autonomy).

You have the right to...

- choose where and with whom you give birth
- decline any or all medical care, this includes declining midwife appointments and choosing to birth without a midwife present (freebirth)
- basic life-saving health services, including pain relief
- physical autonomy and integrity, meaning no medical procedure should be carried out without your expressed, informed consent
- sufficient, objective and unbiased information, including access to an interpreter if needed
- make choices that are against medical advice



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Your basic needs

Safety – this allows your adrenaline to decrease and your oxytocin to increase. This sense of safety needs to be felt by your intuition, not your thinking brain.

Warmth – this also lowers adrenaline, releases tension, and acts as a comfort measure.

Darkness – this helps you switch off your thinking brain, as if you were going to sleep.

Undisturbed – this will help to keep your thinking brain switched off and allow you to connect with your intuition and tune out external direction.

Unobserved – this allows you to follow your instincts without feeling limited or judged by the gaze of others.

Questions to ask yourself when planning your birth

Where can I meet all of these needs?

What do you need when performing my other bodily functions and where do I feel most comfortable performing them?

Who can help to meet these needs and what do I need them to do/not do?

Who and what might make it more difficult to meet these needs?

How can I protect my space so that my needs continue to be met throughout and after the birth of my baby?

How can I use the knowledge of these basic needs to make decisions about my care in the rest of my pregnancy and labour?



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How to use your BRAIN tool

Every pregnancy comes with decisions that need to be made. If you are engaging in NHS maternity care you will come across many things that are not presented as an option, but it is always your right (and responsibility) to weigh up your options and decide for yourself what is best for you. This tool can be useful in that process to decide on every appointment, scan, test, measurement etc.

BENEFITS

What are the benefits to you? What are the benefits to your baby? What are the benefits to your confidence? Might someone else be suggesting you do this thing for their benefit? These don't have to be medical, they can be about any aspect of you - emotional, physical, spiritual, practical etc.

RISKS

What are the risks to you? What are the risks to your baby? What are the risks to your confidence? Might someone be suggesting you do this thing to cover their own back? Are the risks that you've been told by HCPs or others accurate? Again, these can be about any aspect of the situation, not just medical.

ALTERNATIVES

What are the alternatives to this thing? What are the risks and benefits of each alternative? Are there alternatives that haven't yet been presented to you? (*Hint: there are usually lots that haven't been mentioned by HCPs.*)

INTUITION

What is your intuition telling you? Do you feel drawn to a particular decision? (*Hint: it's okay if you can't explain it!*) This is the most important one but can often be the hardest one to listen to - try tuning out everyone else's fears, advice and opinions, and checking in with yourself and how you feel about this decision.

NEXT/NOTHING

What happens next if you decide to do this thing? What interventions might follow as a result of this one? What happens next if you decide to do nothing and just wait? (*Hint: this is a perfectly legitimate plan.*)



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BRAIN tool worksheet

Intervention: _____

Final Decision: _____

B_{ENEFITS}



R_{ISKS}



A_{LTERNATIVES}



I_{NTUITION}



N_{EXT/NOTHING}



Planning a positive birth

When you are planning your pregnancy and birth it is important to remember that you are in charge. You get to make each and every one of the decisions. You are the expert on your own body. This list is a quick reminder of that.

RESIST

- jumping through hoops in an attempt to get "permission" or approval
- asking for permission for anything
- being polite in your birth plan
- planning for a birth you don't want out of fear, rather than hope
- treating the worst case scenario as the most likely thing to happen
- saying yes to anything that doesn't feel right to you
- explaining your decisions to anyone who may want you to change your mind
- seeking external reassurance when you know intuitively that you and your baby are fine
- doing anything for the purpose of making someone else more comfortable
- looking to someone else as if they are the expert - they are not, you are!

INSIST

- every aspect of this journey is your choice and none of it is mandatory
- the things that are important to you are non-negotiable
- you don't need permission for any aspect of your pregnancy, labour, birth or parenting journey
- you are the decision-maker and nobody else gets a say
- you know what is best for you and your baby
- you are the expert even if you've not given birth before
- there are no "have to" or "not allowed" scenarios
- your intuition can always be trusted, don't second-guess it
- the most likely thing to happen is for birth to go smoothly if your basic needs are met, plan for this
- your comfort is the most important thing, not anybody else's



Signs of coercion from your care provider

Phrases that are often heard to coerce women in the maternity system:

"Can I just ask why?"

"We just don't know"

"If you go against medical advice then it's all on you if something goes wrong"

"Just in case"

"We just want to make sure baby is okay"

"We just need to..."

"If you just let us do this [insert intervention] then you can [insert comfort measure]"

"You'll have to speak to a consultant about that"

"You're not allowed" or "You need to"

"You're the perfect candidate for homebirth" or "You don't meet the criteria"

"Your pregnancy is low-risk... for now"

Other things to look out for:

HCPs reeling off all of the risks of something you want to do and none of the benefits, whilst listing the benefits of what they want you to do and none of the risks.

Feeling like you owe an explanation to an HCP – you don't.

Being offered a "compromise" when you want to do something against medical advice – you don't need to compromise on anything.

Being rushed into making decisions.

Having appointments booked without your knowledge, for unknown purposes, and the person on the phone telling you they cannot cancel the appointment.

If you feel like you're having to arm yourself with knowledge before you go to an appointment then you're not being treated with care and respect. If you want to change midwives you can. If you do not benefit from your appointments then you don't have to go to them.



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Recommended Resources

BOOKS:

- Michel Odent - Birth and Breastfeeding
 - AIMS - Am I Allowed?
- Dr Sarah Buckley - Gentle Birth, Gentle Mothering
 - Pam England - Birthing From Within
 - Sheila Kitzinger - Birth Your Way
- Mark Harris - Men, Love & Birth (good one for male partners)
- Ruth Ehrhardt - The Basic Needs of a Woman in Labour

HUMAN RIGHTS IN CHILDBIRTH:

- Birthrights
 - AIMS
- Mary Cronk's famous assertiveness phrases (YouTube)

PREGNANCY & BIRTH

- We have lots of informational videos on our Greater Manchester Doulas Facebook page and in our Facebook group 'Manchester Pregnancy and Birth Support'
- The Holistic Stages of Birth - thematrona.com
 - Foetal Ejection Reflex - bellybelly.com
 - Leaving well alone - Dr Sarah Buckley

POSTNATAL

- We offer in-person postnatal support
- 'Getting a good nights sleep' - Sarah Buckley
- 'The fourth trimester' - Sarah Ockwell-Smith

We have the books listed here and many more so please don't hesitate to get in touch if you would like to borrow any. You can email us any time if you have questions or would like more resources on any specific topic, or you can book in a Holding Space session with us to chat about whatever is on your mind.



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Your Birth Planning Pack

Assembled with your human rights in mind and with the belief
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My Birth Plan

Me

Name:

Birth partner's name:

Guess date: It's okay if your own calculated guess date is different from the NHS one (or ones) – put whichever one you prefer here. It's also okay not to put any if you'd prefer not to.

Chosen birth place:

Overview: An overview can be good for sharing anything that you want your midwife to know straight away, or anything that isn't covered elsewhere in your birth plan.

Environment

People: Who will be supporting you? Are you happy for student midwives to be present? Do you have any preferences around who you do / do not want to be present at your birth?

Noise: Do you have preferences about noise in your birth space? Do you want quiet? Do you want music playing?

Lighting: Do you have lighting preferences? How do you feel about others turning on lights when you want it to be dark or vice versa?

Comfort: Are there ways you want your birth team to support you with comfort measures? What brings you comfort and reassurance in your daily life?

Language: Do you have preferences about the type of language used during your birth? Are there any words or phrases that you prefer or would not like to be used?

Process

Comfort measures: What pain relief options might you want to use? Do you want these to be offered or will you ask if you need them?

Examinations: Do you consent to examinations during labour? Routine examinations include checking your pulse, blood pressure, urine and cervix. How do you feel about your midwife performing a sweep or breaking your waters during an examination?

Monitoring: Do you consent to your baby's heartbeat being monitored? If yes, how and how often would you like this to happen? Standard policy for intermittent monitoring is usually every 15 mins in early labour, then every 2 mins or after every contraction during the "pushing" stage.

Discussion: How would you like discussions to be handled during birth? Some women prefer for their birth partner to communicate on their behalf. Sometimes women prefer that conversations happen in other rooms / away from them. This section can include how you feel about being coached to push etc.

Birth of my baby: What do you want to happen during the emergence of your baby? Who will catch your baby? How do you want the environment to be? Silence? Hands-off?

Birth of my placenta: Would you like an induced/managed (being given an injection of synthetic oxytocin) or a physiological (waiting for your placenta to detach and be born normally) third stage? Would you like to be offered the injection or for midwives to wait for you to ask? Would you like to keep your placenta?

Cord clamping: Do you want the cord to be cut or are you planning a lotus birth? If you do want to cut the cord when would you like this to happen? Are you using a cord tie or a hospital clamp?

Vitamin K: Do you consent to your baby being given vitamin K? If yes, do you want it to be administered by an intramuscular injection or oral drops? If no, you can tell them not to offer it to you.

Skin to skin: Do you have preferences about skin to skin after your baby is born? Would you like immediate skin to skin? Some women have a 'golden hour' with their baby before any checks take place to encourage bonding and establish feeding.

Feeding: How do you want to feed your baby? Are there ways you wish to be supported with this? Do you have any other preferences around feeding (e.g. some women specify that their baby is not to be given formula milk).

Emergency and alternate scenarios

Induction: Do you consent to induction? This includes sweeps, breaking your waters, pessaries, and an induction drip. It's okay if the answer is that you would not accept an induction under any circumstances - make this really clear ahead of time before any pressure is applied.

Transfer to hospital: Under what circumstances would you transfer to hospital? It's okay if this is for pain relief, or nothing other than an emergency caesarean. Decide for yourself where that line lies and make it very clear here. What would you want to gain from a hospital transfer? In this scenario, which parts of your birth plan still apply?

Caesarean: Do you consent to a caesarean in an emergency? In what circumstances would you accept this? Are there preferences that still apply if you give birth by caesarean (e.g. some women still want to have immediate skin to skin).



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My Birth Plan

Me

Name:

Birth partner's name:

Guess date:

Chosen birth place:

Overview:

Environment

People:

Noise:

Lighting:

Comfort:

Language:

Process

Comfort measures:

Examinations:

Monitoring:

Discussion:

Birth of my baby:

Birth of my placenta:

Cord clamping:

Vitamin K:

Skin to skin:

Feeding:

Emergency and alternate scenarios

Induction:

Transfer to hospital:

Caesarean:



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This is an example of an assertive homebirth plan. We have included this not because we think you should choose these things, but to show how you can present your own choices in an assertive way that leaves no room for interpretation by the midwife who is present. You will notice that we have not at any point used phrases like “if possible” and “kept to a minimum” because this leaves it up to someone else to decide. You don’t need to ask for permission for any of these things, and you don’t need to be polite. The things you are writing down are important to you, and it's not much to ask that they're respected.

My Birth Plan

Me

Name: ...

Birth partner's name: ...

Guess date: ...

Chosen birth place: My home

Overview: Welcome to the birth of my baby! I believe that birth is a normal, physiological event that works best and is safest when a woman is left undisturbed and allowed to follow her instincts and the sensations in her body. My birth plan is written with this in mind.

Environment

People: My doula will be at home with me. My older children may also be around.

Noise: My birth space is to be quiet at all times and conversations are not to take place in the room I am in. I need my environment to be quiet and calm to allow me to stay relaxed and focused.

Lighting: Keep the lights low and the room dark. If you need lights for making notes there is space set up in the kitchen. Do not turn on the lights or use torches in my birth room unless I have asked you to.

Comfort: I believe I have everything I need within me to birth my baby and wish to do so alone unless I feel I need extra support. I will look to my doula for any comfort measures I need assistance with.

Language: I am planning an undisturbed birth so do not talk to me unless I am actively engaging you in conversation. Take my lead. If there is information you wish to discuss, please talk to my doula who will share this with me and if necessary communicate on my behalf. No one in my birth space is to tell me what to do or use emotive language (including references to pain) which could make me feel pressured into making rushed decisions. If this happens I will ask you to leave immediately.

Process

Comfort measures: Do not offer me any forms of pain relief. I know the options available to me and will ask for them if I feel I want them.

Examinations: I do not consent to any examinations. This includes vaginal examinations and observations that require touch or speech. Do not ask or attempt to pressure me into these. I know my body and trust the process of birth, and therefore trust I'll know if something is amiss.

Monitoring: I do not consent to my baby being monitored in any way unless I have reason to believe it is necessary. This includes baseline and regular monitoring of his or her heart rate.

Discussion: As above, please speak to my doula about anything you wish to discuss with me. As I do not want to be unnecessarily disturbed, I would like my doula/birth partner to communicate on my behalf at all times. I know and trust her to help me explore my options so that I can make informed decisions and share these with others involved in my treatment. Conversations are to take place out of earshot, in another room.

Birth of my baby: I will be following my intuition about where to birth my baby. This may be in the birth pool, bath, or elsewhere. I will catch my own baby and nobody is to touch my baby when she or he is born. Do not talk to me when / after my baby is born. I know that I am particularly vulnerable and susceptible in the moments after giving birth and I do not wish this special time to be tarred by unnecessary comments. Do not announce the sex.

Birth of my placenta: I will be having a physiological third stage unless I feel I need medical intervention. As long as I feel well, I am happy to wait as long as it takes, even if this is longer than an hour. Do not offer me a managed third stage. I know what is available and will ask for assistance if I feel I need it.

Cord clamping: I am planning a lotus birth. This means I will leave the placenta attached until the cord separates from my baby naturally. Do not offer or attempt to cut the cord at any time.

Vitamin K: I do not consent to my baby being given vitamin k in any form.

Skin to skin: I will have immediate skin to skin after my baby is born. For the first hour after birth we will be having a “golden hour” together to maximise bonding and establish breastfeeding. Do not disturb us during this time. Do not offer any newborn checks until I ask.

Feeding: I will breastfeed my baby. I will ask if there are aspects of feeding I would like support with. I do not consent to my baby being given formula milk under any circumstances. If I am unable to breastfeed for any reason, I wish to express and / or use donor milk.

Emergency and alternate scenarios

Induction: I will not consent to induction of labour under any circumstances.

Transfer to hospital: I will only transfer to hospital if I have good reason to believe there is imminent risk to life (within 30 minutes) for myself or my baby. In the event of a transfer my doula is to stay with me at all times, including in the ambulance. **I do not consent to treatment from a male.**

Caesarean birth: I will only consent to a caesarean section if my doula can stay with me at all times, including in theatre and in recovery. I still want a lotus birth (do not cut the cord) and skin to skin immediately after for as long as I want. I do not consent to my baby being given formula milk under any circumstances, including after a caesarean section.

If you have any questions about my birth plan during my labour, please discuss with my doula/birth partner. She is aware of my wishes and I trust her to communicate them on my behalf.

If you have read through these birth planning resources and found that you have questions, or you're not sure how to word something, or you'd like to chat about all of your options - email us!

hello@greatermanchesterdoulas.com



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My Postnatal Plan

Rest

What can you put in place to help your family prioritise rest in the early days and weeks, eg help around the house, older children, visitors, naps/early night, relaxation techniques?

People who can help during the day:

People who can help during the night:

People who can help during the evening:

People who can walk the dog:

Practical help for housekeeping and chores:

Strategies / other resources that might help:

Nutrition

How will you make sure you get nourishing food, eg batch cook and freeze, who can cook or deliver you food, which food delivery services are in your area, who can bring nutritious snacks?

Meals to prepare and freezer before my baby arrives:

Supermarkets to book delivery slots with in advance:

Other takeout / delivery options:

Friends and family who can prepare and deliver meals:

Strategies / other resources that might help (e.g. keeping healthy snacks and a bottle of water nearby)

Social support

Who can provide you some social support eg friends, family, neighbours, hired help (doulas, nannies, cleaners), or online support?

People who will support me and my parenting choices:

Local feeding support options:

(This might include doulas, breastfeeding groups, lactation consultants and knowledgeable friends)

Community support options:

Strategies / other resources that might help:

Me and my wellbeing

Often the focus is all about the baby, but what do you need? How will you get some support for your healing body and ensure your needs are being heard and met? What makes you feel like you?

Activities and "breathers" for my rest, renewal, and re-energising:

Mental health support options:

People who will provide a comforting voice:

People I can call late at night:



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