

LITERATURE REVIEW: IMPLEMENTATION A BIRTH PLAN AS AN EFFORT TO PREPARE FOR NORMAL DELIVERY AND CHILDBIRTH EXPERIENCES

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ABSTRACT

Introduction: *Pregnancy and childbirth are important processes that occur in a woman's life. Everyone would want the birth process to be a beautiful moment that deserves to be remembered. Childbirth with minimal trauma can be realized through good preparation and planning for childbirth. World Health Organization recommends the use of a birth plan that emphasizes a normal delivery process without intervention. Birth plans are created as an approach for pregnant women to present their wishes in labor and delivery of the baby. The experience of giving birth is an important psychological phenomenon after childbirth whose psychological effects can have impact on health. The aim of this literature review study is to find out how the role of the birth plan is in the delivery experience. Methods:* *This article uses literature review method from scientific journal with the theme Birth Plan. The journals reviewed in this article are from American Journal of Nursing Science, International Journal of Environmental Research and Public Health and Journal of Education and Practice. Result:* *Implementation of a birth plan has a significant effect on delivery outcomes (duration of labour, maternal and neonatal). Birth plans have a positive influence on the delivery experience and increase client satisfaction. Conclusion:* *Birth planning provides an overview of childbirth that is desired by a woman for normal delivery and minimal trauma. It is important for a midwife to be able to educate every pregnant woman that they can make a birth plan and prepare together so that childbirth is realized as planned.*

Keywords: *Birth plan, Childbirth, Normal delivery*

1. INTRODUCTION

The process of labour is a sacred event and certainly an experience that will never be forgotten throughout life for everyone. Everyone would want the birth process to be a beautiful moment that deserves to be remembered, therefore careful planning is needed for married couples to be able to undergo the delivery process safely and comfortably (1).

Childbirth is an intense and also amazing process of transformation from a pregnant woman to a mother. This is the

climax of a journey and will likely be remembered in detail years later. By understanding the birth process, what happened before and after then when what is expected to happen of course it will minimize the trauma of childbirth. Childbirth with minimal trauma can be realized through good preparation and planning for childbirth (2).

The birth plans were developed as an approach for pregnant women to present their expectations for labour and childbirth (a written document in which pregnant



women describe preferences about their care during labour and childbearing (3). Birth plans were developed with the intention of enhancing a woman's prepared decision-making in the labour and delivery process and to offer obstetric care providers with important details about those decisions. Through the use of birth plans, women can reflect on their values and choices regarding what care practices and interventions they do and do not want in birth; they can communicate these values in advance to their care providers. However, birth plans are often ineffective at accomplishing their goals for a number of reasons (4).

World Health Organization (WHO) recommends the use of birth plan and mostly emphasizes normal processes without interventions. Nevertheless, the birth plan should be beyond checklist reflecting the preferences and emotions as well as understanding of women about the physiology of birth and women's need for safety and support. Support and communication during labour enhance the level of satisfaction with the delivery, and this effective communication should begin from the time of admission and constantly continue during labour; when not all things proceed as planned, the information should be actively given in women's decision-making process. Consequently, the extent of satisfaction with delivery in women grows with the birth plan and improves their delivery experience (5).

The birth plan as a tool that can contribute to reduced labour intervention. It provides guidance to the team of professionals responsible for their care

during the hospital stay. In addition, it serves to improve the woman's satisfaction, promote participation in the birth process and allow her to make informed decisions. However, birth plans may be inflexible, unrealistic and can lead to conflicts and negative experiences that could affect obstetric outcomes (6).

The birth plan facilitates communication with health care staff, improves women's empowerment, and promotes childbirth outcomes. The Birth Plan favors the ethical principle of autonomy and enhances women's control over the childbirth process therefore; it contributes to a positive effect on women's empowerment (7).

2. METHODS

This article uses a literature review method from scientific journals with the theme Birth Plan in Childbirth. The journal reviewed in this article is entitled:

Effect of Implementing Birth Plan on Women Childbirth Outcomes and Empowerment. *American Journal of Nursing Science* 2020; 9(3): 155-165.

Effect of Implementing A Birth Plan on Woman Childbirth Experiences and Maternal & Neonatal Outcomes. *Journal of Education and Practice* Vol 6 No 6 2015.

Association between Birth Plan Use and Maternal and Neonatal Outcomes in Southern Spain: A Case-Control Study. *International Journal of Environmental Research and Public Health* (2021) 18(2) 1-8.

3. DISCUSSION

A pregnant woman should not give up on herself in the process of giving birth. A natural normal delivery is strongly supported by the anatomical condition of the body, especially the mother's pelvis, her physiology and psychological readiness. In preparation for childbirth, a planning regarding physical, psychological, spiritual, material and support systems is needed to realize the delivery that is expected by every woman (8).

Maternity care has focused on lowering maternal and neonatal morbidity, though women's beliefs and expectations of care have been set aside. Women face childbirth with preconceived expectations, some of which could be expressed on their birth plan. The latter could be influenced by health professionals through prenatal education classes, though this has not been measured before. Antenatal classes have been argued against, since no resulting improvement in childbirth experience has been demonstrated, though some advantages may be seen: they favour communication and give time for expressing maternal expectations and beliefs (9).

The common elements of the birth plan include requests to ambulate during labor, drink fluids as desired, to receive the baby to the abdomen after birth, and to have support persons in attendance. They also often contain a list of things that the woman wishes to avoid, such as continuous fetal monitoring, episiotomies, pain medications, and epidurals. Most women who write birth plans want an unmedicated birth with few interventions. Adequate investment in

preparation for birth is key to having an unmedicated birth. has identified six evidence-based care practices that allow birth to unfold in a natural, physiological process. These six care practices are labor begins on its own, freedom of movement throughout labor, continuous labor support, no routine interventions, spontaneous pushing in upright or gravity-neutral positions, and no separation of mother and baby with unlimited opportunities for breastfeeding (10).

In conclusion, our study results suggest that birth plans are used only by a minority of women giving birth. These women tend to be older, better educated and have a higher employment rate. In addition, women with birth plans had a higher rate of primiparity, induction of labour and experienced a longer mean duration of the first phase of labour. They also required less use of oxytocin, early amniotomy, epidural analgesia and general monitoring. The results obtained, both obstetrical and neonatal, were better in primiparous women (6).

The implementation of birth plan has a significant effect on childbirth outcomes and women empowerment as the birth plan reported a higher implementation of designed childbirth care and a better effect on childbirth (duration, maternal and fetal) outcomes among the study group compared to control group. Also there was a highly significant increase in the total childbirth empowerment scores after implementing birth plan ($p < 0,001$) in the control group compared to control group. Therefore, the research hypotheses are accepted (7).

Regarding to birth plan and women satisfaction & experiences after birth there were a statistically significant association between satisfaction and experiences of labor & delivery. In relation to causes of satisfaction. The current study finding showed that the highest causes of satisfaction was regarding to care provided & good communication followed by support during birth. the findings of the present study are high lighted some of important features regarding the effect of birth plan on childbirth experiences and maternal & neonatal outcomes such as Birth plan has a positive effect on mode of delivery, there was a significant decrease in the pain level and improve Apgar score of new-born after using birth plan, also there was a highly satisfaction level in the intervention group after using birth plan ($p < 0,001$) (10).

An alternative approach to the use of birth plans to enhance a woman's participation and informed consent in the birth process is the birth partnership, in which women and their obstetric care providers take time to discuss thoroughly the choices to be made in birth in advance to have those choices best reflect the values of the woman giving birth. Meeting to discuss values and choices before labor offers the opportunity for mutual education between provider and patient about the choices to be made and the values that inform those choices. Effective communication and working to build mutual trust can serve as preventive measures to avoid many conflicts that arise in the birth process (4).

The practice of a birth plan is

common in developed countries, but it is rather new in developing countries. The birth plan can be an effective and important practice to achieve physiological delivery, improve communication with the healthcare staff, control the process of labor and delivery, improve the maternal and neonatal outcomes, and enhance satisfaction with childbirth. Indeed, the key to achieving these goals is increasing the degree of realization of the birth plan (5)

The WHO presented recommendations highlighting the importance of respecting the normal course of these processes, limiting interventions to cases supported by scientific evidence. Some of the most important recommendations (among others) were: (i) the caesarean section rate should not exceed 10–15%, as there is no justification for exceeding this rate; (ii) electronic foetal monitoring should not be routine; (iii) systematic use of episiotomy and artificial early amniotomy are not justified; (iv) vaginal deliveries after a caesarean section should be encouraged to avoid a repeat caesarean section; (v) women must be involved in decisions about their childbirth process; and (vi) breastfeeding should be established immediately after birth, before the mother leaves the delivery room (6).

The process of birth planning is an important component of perinatal palliative care. Through this process, families can express their fears, values, hopes, and wishes. It also offers an opportunity for providers to communicate these wishes for the remainder of the pregnancy, the delivery, birth, and time afterwards. This has been demonstrated to decrease maternal

stress and promote family centered care (11).

More recently, according to WHO (2018), the Global Strategy for Women, Children and Adolescents' Health (2016-2030) emphasizes “the importance of ensuring safe births from a clinical perspective, including the psychological and emotional needs of women, ensuring their involvement in decision and a sense of personal fulfilment, making this experience more satisfying. This philosophy focuses women in the care process and is based on human rights, recognizing the importance of women's options for the care process. These recommendations are all evidence-based, optimize health and wellbeing and have been shown to have a positive impact on women's delivery experience” (12).

There were significant differences in birth plan preferences prior to and upon completion of the prenatal classes. Three items showed an increase between the initial session and the end of the intervention: the ability to push spontaneously, episiotomy avoidance, and early breastfeeding. The changes in birth plans could suggest that prenatal educational classes exert an influence upon maternal birth preferences. (9).

In general, pregnant women in Indonesia receive integrated antenatal care (ANC) service with a minimum of four ANC declining figure, this coverage has met the target of the Ministry of Health's Strategic Plan (74%). Apart from the individual ANC service, pregnant women in Indonesia can also take advantage of the group prenatal classes at the primary health care centers. The prenatal class is designed

as the group learning for pregnant women to improve their knowledge and skills around pregnancy, prenatal exercise, labor, postpartum period, postpartum contraception program, complication prevention, and newborn care. The positive childbirth experience reflects the women's readiness for labor. Such a positive experience in labor may have an impact on women's future pregnancy and delivery. The prenatal group class can address the needs of the pregnant women that have not been fulfilled by having routine antenatal care. Information and skills gained in the prenatal group class can help the women and their families to take care of their health optimally during pregnancy. They can also be better prepared to take up the motherhood role. The pregnant women can feel supported, connected with fellow pregnant women, and empowered to take care of their own health. Furthermore, this may lead to the lower stress level of the pregnant women which may also positively affect the fetal wellness (13).

Birth planning in Indonesian society is known as P4K, namely the Delivery Planning and Complications Prevention Program which has the aim of improving services for pregnant women to give birth safely and safely. The Maternity Planning and Complications Prevention Program (P4K) is the government's effort to reduce the Maternal Mortality Rate (MMR) in Indonesia. P4K program efforts have been started around 2010, but until now the goal to reduce the MMR as stated in the MDGs by 102 per 100,000 live births in 2015 has not been achieved. P4K is an activity facilitated by midwives in the village in

order to increase the active role of husbands, families and communities in planning safe deliveries and preparing for complications for pregnant women. In the P4K program, the activities started from data collection for pregnant women, tabulin, transportation, blood donation, pregnant women's companions and plans for birth attendants (14).

The concept promoted by the Indonesian government regarding delivery planning and the current demands for delivery plans desired by expectant mothers has a different scope even though the ultimate goal is the same, namely safe and secure delivery. Preparations for childbirth have evolved and become more diverse. Not just a traditional ritual, preparations for birth are carried out along with the growing awareness to provide education to prospective mothers on how to deal with childbirth calmly and confidently. Providing education can also be a means of discussion for prospective mothers and their educators, especially to discuss the anxieties and fears faced by prospective mothers during pregnancy, during childbirth to the puerperium and breastfeeding phases.

4. CONCLUSIONS

The importance of birth plan is based on respect for the bioethical principle of autonomy because it promotes women's control over the labour process, contributing to a more positive and satisfactory delivery experience. The achievement of this document is an important strategy for preparation the childbirth, reducing their fears according to

the information and communication they received, allowing a process of reflection for decision making, thus increasing the empowerment of women and couples in the birth process (12).

The conclusion that the benefits derived from the use of the birth plan is as it an educational tool stimulates the discussion, obtaining of information, improves women's empowerment and promotes women sense of control during the childbirth process and guidelines recommended that the positive effects of using the birth plan are to promote good practices in the care of delivery and childbirth and therefore, favour the improvement in the quality of maternal and child health care.

Birth plans have a low degree of compliance. The higher the compliance, the better is the maternal and neonatal outcomes. The birth plan can be an effective tool to achieve better outcomes for the mother and her child. Measures are needed to improve its compliance

Key conclusions and implications for practice: Women primarily desired a natural, midwife-supported birth and favoured a relationship-based, woman-centred model of care, based on the close interaction between woman, partner, and midwife. Midwives need to be aware of women's ambiguous reliance on them and the power they have to influence women's birth choices and birth experiences. Feminist theory and values in midwifery practice may be useful to inspire a maternity care based on women's wishes and expectations, acknowledging and valuing women's voices, and embracing the sanctity

of birth and of the birthing woman's body.(15)

There are some important challenges related to birth plan use. Important efforts must be made to raise awareness of women during pregnancy (including family) and healthcare professionals. The midwife is the professional who must be present with the pregnant woman in the preparation of the document birth plan.

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Conflict of Interest

The authors have no conflict of interest to declare

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