



**Supporting Partners:**



## Questions and answers by Dr Christopher Ng

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**Is a birth plan a good idea? Is it something that GynaeMD encourages?**

It is not compulsory to have a birth plan but it is useful if you have particular ideas as to how you would like your delivery to be conducted and especially if you have special requests (e.g. no epidurals, no episiotomy if possible, warm tub for pain relief, aromatherapy candles, certain music to be played in your delivery room, husband to cut the cord, intermittent monitoring of the baby, ability to ambulate and not be completely bedbound). It conveys to me what is desired in writing and I try to fulfill my patient's wishes as long as it is not medically dangerous and will not compromise the safety of the delivery. This of course will be discussed point by point before the actual big day so that everyone is clear as to what is expected.

**Have you noticed an increasing number of pregnant women writing a birth plan in the lead-up to having a baby?**

Yes, more and more of my patients are coming up with birth plans. In most cases, I find that what my patients have requested for is pretty much what I practice as my standard protocol for delivery anyway. As patients are increasingly becoming more internet savvy and discovering the benefits of birth plans, I think this trend will continue to rise.



**Do many pregnant women show you a birth plan in advance of their big day? Or are they more likely to bring it to hospital on the day to share their wishes with doctors, nurses or midwives? Which is preferable?**

Actually I encourage all my patients to discuss their birth plans way before their delivery so that from a very early stage I already have a clear understanding on how their delivery is to be conducted. More importantly, it gives me plenty of time to make the necessary arrangements. After discussing the birth plan with my patient and her husband, I will send the birth plan to the hospital that she has booked for her delivery so that the hospital and midwives are all aware of my patient's expectations, and anything that the hospital cannot accommodate can be addressed early and alternative arrangements can then be made. For example, I had a German patient who actually did not want any epidural or medical pain relief but elected for a warm bath and aromatherapy for her pain relief. She inadvertently chose a hospital that did not have this facility so when we discussed her birth plan, I immediately rebooked her into one hospital that catered specifically to her needs.

**How long should a birth plan be?**

It doesn't really matter how long your birth plan is as long as it is clear and fulfills all your requests. Every pregnancy is a unique experience, so birth plans should be individualized to the mother's needs. Of course the shorter, more succinct and to the point, the better for everyone so as to reduce any confusion.

**Are birth plans more frequently used by expat women than Singaporean women?**

In my clinic, birth plans are more common for expat mothers but over the years, an increasingly larger number of Singaporean mothers are coming to me with their birth plans too.

**Critics of birth plans say there is no way to plan what happens during birth because it's so unpredictable. Is this your experience too?**

It is true that birth can be unpredictable but if the pregnancy is straight forward with no complications, then most of the time I will be able to meet my patient's requests if not fully then to the best of my ability depending on the circumstances. Which boils down to the importance of managing expectations early on in the discussion with my patients regarding their birth plans as to what is possible, what may not be and what is absolutely not possible.



## Here is a list of some things which we've found might be useful to include.



**\* Preferred positions during labour**

I allow my patients to adopt any position they deem most comfortable but I find that the lithotomy position (with the patient lying on the back with knees bent, positioned above the hips, and spread apart) is the best position that will allow me to guard the perineum to prevent spontaneous tears.

**\* Pain-relief options**

This is very much a personal choice and there is no "right" answer. Everyone has their own preferences and whatever choices they make, then this is the right one for them. I generally leave it up to my patients to decide what suits them best after I have explained all the various forms of analgesia available. I will support their decision and encourage them to read more about the various forms available. Most importantly is to approach labour with an open mind and not exclude pain relief if they find that it is getting too overpoweringly painful. There is no need for patients to feel guilty if they change their minds during labour and opt for analgesia.

**\* Family members who can be present and at what stage**

As the birthing process is a very personal experience between husband and wife, most of my patients opt to have their husbands with them to offer moral and emotional support. They are usually there from start to finish. If there are other family members that wish to be present, they can take turns with the husband to be in the labour room as these rooms are not very big. Sometimes I have husbands who faint at the sight of blood. I designate "safe zones" in the labour room for them to sit in so that they are not in direct vision of what is happening below and also arrange for other family members to relieve them when they start feeling woozy, so that the mother is never left alone without a familiar family face.



**\* Preferences regarding breastfeeding/formula/bottles**

DEFINITELY breast feeding over formula milk, but if for some reason the mother is unable to breast feed then they are given a choice of various formulas they would like their baby to be fed with.

**\* Cord-cutting options**

I leave this option very much to the couple during the birth plan discussion. Sometimes I have more adventurous husbands who wish to cut the cord themselves and I would happily oblige. Otherwise it is usually me who does this.

**\* Circumcision**

I will usually arrange an appropriate time and place for this if the couple wishes to have their baby circumcised after birth.

**\* Contingency plans for unexpected outcomes**

I have left clear and concise standing instructions with all 6 private hospitals that I deliver in, just in case these unexpected outcomes occur. For example, which anaesthetist and paediatrician to call when an emergency Caesarean section has to be performed so that there is no wasting of precious time.

**\* More trivial matters: music, food, essential oils etc.**

I have really no objections to this as long as it makes their birth experience more memorable and pleasurable. My patients are free to play whatever music they like (not too loud though), use any of their preferred essential oils, burn aromatherapy candles, have the lights dimmed to suit their mood, have intermittent fetal heart monitoring and ambulate if they can cope. I allow them to eat a light meal in the early stages of labour as they will need all the energy they can muster later on for the "big push". So in summary, I am fine with anything as long as it is not medically dangerous and would hamper the natural labour process.

