A FREE GUIDE

WRITING YOUR BIRTH PLAN.



Practical guidance on creating a birth plan that accounts for your triggers, your boundaries, and what you need from the people around you.

Not a template. A starting point.

SAFER Birth PROJECT

saferbirthproject.co.uk

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A note for you

This guide is for you if you are pregnant and want to write a birth plan that takes account of what you have lived through, what you find difficult, or what helps you feel safer.

It is not a template. There are no boxes to fill in. The reason for that is simple: your birth is not a form. What you need from your care, your team, and your body is yours to define, and only you can define it well.

You do not have to disclose anything in your birth plan, or to anyone, to write a good one. Difficulty is different from history. You can describe what helps you and what does not, without explaining where any of it came from.

This guide gives you prompts, examples, and a few sentences you might want to borrow. Use what is useful. Ignore what is not. Come back to it across your pregnancy. There is no right way to do this, and no wrong one either.

Michaela x

You are the expert on what helps you.
Not your midwife.
Not your partner.
Not the internet.
You.



WHAT A BIRTH PLAN IS, AND WHAT IT IS NOT.

A birth plan is a written summary of how you would like your birth to go, what helps you feel safer, and what you want the people around you to know.

IT IS

- A way to be heard before the moment you most need to be.
- A tool that helps your team understand you without you having to explain in the middle of contractions.
- Your voice, written down, so it survives the moment when speaking is hardest.

IT IS NOT

- A contract. You can change your mind about any of it, at any moment, including during the birth.
- A guarantee. Births can be unpredictable. The plan does not control what happens.
- Exhaustive. You do not have to cover everything.
- A medical document. You are not writing a clinical record. You are telling your team how to care for you.



FIVE THINGS TO KNOW BEFORE YOU WRITE.

01

You are the expert on what helps you. Not your midwife. Not your partner. Not the internet. The people who know best what reduces fear for you, are you.

02

You do not have to disclose anything. A good birth plan can describe what helps and what does not, without explaining why. Your history is yours.

03

You can write less than you think. A short, clear plan is more useful than a long, detailed one. The people reading it will be busy.

04

You can change it. Right up to and including labour itself. Your plan from week 32 does not have to bind you in week 40.

05

There is no wrong way to do this. Some people write a paragraph. Some write a list. Some write a letter. All of these work.



THE AREAS THAT MATTER.

A trauma-informed birth plan covers areas that a standard birth plan often does not. You do not need to write about all of these. But it helps to know they exist, so you can decide which ones matter to you.

What helps you feel safe.

Not in birth specifically, but in your everyday life. What your body does when it feels safe. What it does when it does not. What helps you when you are overwhelmed. This is the foundation of everything else in the plan.

Your triggers.

A trigger is anything that causes a strong emotional or physical reaction, often connected to a difficult past experience. Common trigger areas in birth include being examined, being exposed, certain positions, being touched without warning, being unable to stop something, and specific words or phrases. Knowing your triggers, even roughly, changes everything about how you can prepare.



THE AREAS THAT MATTER.

How you want to be communicated with.

Some people want everything explained in detail. Some want only the essentials. Some want to be asked before every touch. Some want silence. There is no right answer. There is only yours.

A stop signal.

A stop signal is a word, phrase, or gesture that you and your team agree on in advance. It means: stop, immediately, no questions. It exists because, in labour, saying no can be hard. A stop signal is not a sign of weakness. It is a tool that protects you when speaking is hardest.

What you need from the people around you.

Partners, doulas, family members. What you want them to do, to say, and not to say. What you want from them if you become distressed, quiet, or unreachable.



THE AREAS THAT MATTER.

Specific procedures.

Vaginal examinations, induction, theatre, instrumental birth, stitches, postnatal examinations, breastfeeding support. You do not need to plan for all of them. But there may be some that are worth thinking through before the moment arrives.

After the birth.

The hours and days that follow birth can have their own difficulties. Who holds the baby, when. Feeding. Examinations. Visitors. Mental health support. These belong in the plan too.

You do not owe anyone your story. You can ask for what you need without explaining where the need came from.



THINKING ABOUT WHAT HELPS YOU FEEL SAFE.

Before you write anything about birth, spend some time thinking about what helps you feel safe in your everyday life. This is not about birth specifically. **It is about you.**

Some prompts to sit with:

- What people, places, or things make you feel calmer?
- What does your body do when you feel safe? What does it do when you feel unsafe?
- What helps you when you are overwhelmed?
- Who do you trust to be physically close to you?
- What kind of touch helps? What kind does not?
- When you are stressed, do you want more information or less? More people or fewer? More noise or more quiet?
- Is there language that you find difficult to hear?

The answers to these are the foundation of your birth plan. If you know what helps you feel safe in the rest of your life, you already know more about what will help you in birth than any guide can tell you.

Start with what you know about yourself.
Birth is not separate from the rest of your life.



THINKING ABOUT TRIGGERS.

A trigger is anything that causes a strong emotional or physical reaction, often connected to a difficult past experience.

Triggers can be:

- words or phrases,
- physical sensations,
- positions, smells,
- sounds, lights,
- certain people,
- certain procedures, or
- the feeling of being unable to move, leave, or be heard.

You may already know what some of your triggers are.

You may not. You may find new ones in pregnancy that you did not have before.



TWO PLANS, IF YOU WANT THEM.

You can have **two birth plans** if you want to. A private one, for yourself, that contains everything. And a shorter one, that you share with your team.

The shared plan only needs to contain what your team needs to know to give you the care you want. It does not need to explain why.

You might write **in your private plan:**

"I find vaginal examinations hard because of [something from your own life]."

What your midwife actually needs to read **in the shared plan** is:

"I find vaginal examinations difficult. Please explain step by step, and please agree a stop signal with me before starting."

Same need. Different level of disclosure. You decide which version each person reads.

You do not owe anyone your story. You can ask for what you need without explaining where the need came from.



WHAT YOU NEED FROM THE PEOPLE AROUND YOU.

A birth plan is not only about staff. It is also about partners, family members, doulas, and any other support people. These people may be the closest to you, but they are not always the people who know how to help in labour.

Some things you may want to write down, for the **people closest to you**:

- Whether you want them in the room, near the room, or contactable but not present.
- Whether you want them to speak up for you, or to stay quiet.
- Whether you want them to hold your hand, or not touch you at all.
- What you want them to do if you become quiet, distressed, or unreachable.
- What helps you that they may forget under pressure.
- What you do not want them to say. (For example: “you’re doing so well”, “almost there”, “be brave”.)

It can feel difficult to write these things about people you love. It can also be one of the most useful parts of your plan.



HOW YOU WANT TO BE COMMUNICATED WITH.

Some people want to be told everything that is happening, in detail, as it happens. Some want to be told only the essentials. Some want to be asked before any procedure begins. Some want to be asked again during. Some want to be left alone.

There is no right way to want to be communicated with.
There is only your way.

Some things you might write

- “Please explain each step before starting.”
- “Please ask me before touching me. Every time. Including for things that might seem routine.”
- “Please give me time to answer before continuing. I may need a few seconds.”
- “Please do not use the words … with me.”
- “Please tell me what is about to happen before it happens, where you can.”
- “Please address me by name.”
- “Please introduce anyone new who enters the room and explain why they are there.”



A STOP SIGNAL.

A stop signal is a word, phrase, or gesture that you and your team agree on in advance. It means: stop, immediately, no questions.

You may need one because, in labour, saying “no” can be hard. Or, you may not feel safe saying anything at all. Having a stop signal means your team will know what to listen for, and you do not have to find the words in the moment.

Some examples

- The word “stop.” Clear, unmistakable.
- The word “pause.” Softer, sometimes easier to say.
- Raising your hand.
- A word that has no other meaning in birth, such as “yellow” or “winter.” This can feel safer because you know it will only be used for one thing.
- A physical signal, like tapping the bed.

A stop signal is important and can make a big difference in your care.



PROCEDURES YOU MAY WANT TO THINK ABOUT IN ADVANCE

You do not have to write a paragraph about every procedure. But there may be some that you want to think through before the moment arrives.

For each procedure that matters to you, you could ask yourself:

1. Who do I want to do this?
2. Who do I want in the room while it happens, and who do I not?
3. What position do I want to be in?
4. What do I want to be told before it starts?
5. What can stop it, once it has started?
6. What helps me afterwards?

Consider hiring a doula for your birth so that you have someone advocating for you and your wishes.



THE HOURS AND DAYS AFTER THE BIRTH

The birth plan does not have to end at birth. The hours and days after birth can have their own difficulties. You may want to include things like:

- Who can hold the baby, and when.
- Whether you want skin-to-skin contact straight away, or some time first.
- Your feeding preferences, and how much help you want.
- Examinations of you and of the baby. Who does them. When.
- Visitors. Who. When. For how long.
- Postnatal mental health support. Whether you want to be asked. Who you trust to ask.

If feeding choices feel difficult or loaded for you, you can simply write:
“Please support me with feeding without assumption.
I will say what I want.” That is enough.



YOU DO NOT HAVE TO DO THIS ALONE

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This guide names the areas that matter. But naming them and working through them are different things. Sitting with your own triggers on paper is not the same as having someone alongside you who understands what you are navigating, without needing you to explain it.

I offer guided birth plan sessions through the **SAFER Birth Project**. We work through the areas in this guide together, at your pace, and build a plan that is specific to you, your pregnancy, and your team.

There is no cost. **The SAFER Birth Project** is a Community Interest Company and this work is funded so that it can reach the women who need it, not only the women who can pay for it.

You do not need a diagnosis.

You do not need a referral.

You do not need to have disclosed anything to anyone.

You just need to want a birth plan that accounts for what you have lived through.



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IF YOU WOULD LIKE TO WORK WITH ME, OR IF YOU JUST WANT TO ASK A QUESTION BEFORE DECIDING, YOU CAN REACH ME HERE:



hello@saferbirthproject.co.uk
saferbirthproject.co.uk

There is no waiting list for a conversation. If you are pregnant and this guide has made you think you might want support with your birth plan, that is enough.

Thank you!

A birth plan is not something you should have to write alone.



A closing word

Writing a birth plan when you have lived through difficult things can feel like a lot. It is. And it is also one of the most important things you can do for yourself in this pregnancy.

The plan does not control what happens. But it tells your team who you are, what you need, and how to help you. It is your voice in a room where your voice may, at times, be hard to find.

There is no perfect plan. There is only your plan.

Take your time.

Change your mind.

Make it yours.

saferbirthproject.co.uk | hello@saferbirthproject.co.uk

If reading this guide has brought up anything difficult, please reach out to a person you trust or a support service.