

Birth Plan Assistance as a Way to Increase Birth Preparation and Parenthood Readiness

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ABSTRACT

After acquiring information on pregnancy and childbirth processes, pregnant women will create a written legal document which called a birth plan. Birth plan is the central axis of therapeutic relationship that develops between pregnant women and midwives, and it guides health care from conception until delivery. According to historical evidence, no country has ever managed to lower its maternal death rate without guaranteeing that all women are visited by a qualified health practitioner during labor, delivery, and the immediate postpartum period. There were numerous difficulties that resulted in maternal mortality and morbidity. During pregnancy, preparation for motherhood is characterized as an intermediate process of active, conscious, and positive participation that facilitates the transition to motherhood. The focus of this research is to analyses birth plan assistance in order to improve birth preparation and parenthood readiness. The examination as well as review of various references was the method adopted in this review. The references were then cited and analyzed, followed by an analysis in narration that was relevant to the issue. Integrating a birth plan and parenthood readiness will help to reduce maternal mortality and morbidity, according to the findings. This knowledge would considerably improve pregnant parents' ability to stay healthy, take proper precautions to ensure a safe birth, and seek prompt professional treatment in the event of an emergency. Studies in developed countries have indicated that prenatal care has a good influence. Other studies in developed countries also have found that feeling in control of the pregnancy and birth process has a favorable impact on pregnancy and birth outcomes; developing a birth plan has been demonstrated to assist this feeling of self-control and autonomy.

Keywords: *birth plan, birth preparation, parenthood readiness*

1. INTRODUCTION

After receiving information on pregnancy and childbirth procedures, pregnant women prepare a comprehensive legal document which called birth plan. Birth plan is the main pillar of the clinical interaction established between pregnant women and midwives, and it serves to guide health care from pregnancy until delivery[1].

Antenatal classes have been shown to assist moms preparing for labor in previous study on birth preparation. Furthermore, antenatal classes are said to help parents prepare for parenthood by reinforcing their roles as parents[2]. Antenatal education is essential and starting to become a trend in various developing countries to strengthen and support expectant parents and assist them in adapting to their role as parents. In Indonesia, antenatal education has been integrated into "Program Kelas Ibu Hamil". The

purpose of this education varies in each country, however, in principle; it is to prepare prospective parents for birth and their new role as parents[2].

Hollins in 2008 explained that midwives must explore and share women's preferences and feelings prepare all the necessary options available if they are to be empowered to make decisions about childbirth. Providing practical and pragmatic information should aid women in building a clear picture of impending labor from which to form realistic hopes, worries, and expectations. An adaptable foundation for a "birth plan" has been committed to strengthening midwives with this approach. This short form can be used to help childbearing mothers integrate their labor needs and aspirations. Research that examine women's anticipation for labor with their actual experiences indicate mixed results, with dissatisfaction being the most common, remorse, and failure contrasting with happiness, pride, and achievement, this investigation

which looked studied how women's anticipation of childbirth contrasted to their real life experiences[3].

Maternal deaths attributed to problems during pregnancy and childbirth has fallen by half worldwide, from a high of 523,000 in 1990 to a low of 289,000 in 2013. Even though this is substantial improvement, but the average yearly rate of decrease is significantly less than the 5.5 percent required target of the Sustainable Development Goals (SDG) 2030. In 2013, approximately 800 women died per day from obstetrical reasons, which is still a high rate. Maternal mortality is mostly caused by low- and middle-income nations, contributing for 99 percent of all maternal deaths[4].

One of the most essential strategies for reducing maternal and infant mortality is delivery by qualified health staff[5,6]. In high-income nations, In high-income countries, the programs based on women's psychologically and physically comfort less than birth preparation and complication preparedness planning, whereas in lower- and medium nations, the emphasis is on women's psychological and physical comfort rather than birth preparedness and complication readiness planning, there is a need to emphasize delivery preparation and potential difficulties[7].

Birth preparation and complication preparedness (BP/ CR) is a complete package meant to alleviate delays by empowering women, their relatives, and the community to improve birth plan and take action in the event of an emergency. Identifying a delivery location, financial planning, making preparations materials needed for childbirth, selecting a skilled provider, acknowledging a means of transportation, organizing blood donations, trying to establish a way of communicating, assign a decision - makers on her behalf, and identifying an emergency are all part of these preparations being aware of the obstetric danger signs and the need to act immediately[8]

Studies in different regions of Indonesia conducted among pregnant women in West Sumatera, Yogyakarta, West Java and Manado identified a very low magnitude of birth preparedness and parenthood readiness[9][10][11]. Acquiring knowledge of birth plan is the most important step for women in determining risk indicators and obtaining emergency care. Nevertheless, there is little evidence in Indonesia about birth plans. As a result, the purpose of this research was to examine the birth plan assistance in order to improve birth preparation and parenthood readiness.

2. METHOD

2.1 Design.

To find papers that evaluated birth plan integration in prenatal classes or prenatal education, a literature search was undertaken in MEDLINE/PubMed and Google Scholar.

2.2 Data Collect.

Between 2008 and 2019, three personnel screened search results, and the entire text of all publications was evaluated for inclusion as scientific, peer-reviewed publications written in English and Indonesia. At least one of the essential birth plan interventions had to be included in each: general information, first stage of labor, second stage of labor, postpartum period, and special condition. There were a total of 220 publications found. After eliminating duplicate citations, abstracts were assessed for relevancy and research design strength. Scientific papers before 2008, research which the midwives were not the principal providers of intervention and control groups, that were not primarily led by non-midwives were all excluded from the study. This literature study included a total of 9 papers that were read and analyzed.

2.3 Data Analysis.

The references were cited and analyzed, followed by an analysis in narration that was relevant to the issue.

3. RESULT AND DISCUSSION

3.1 Evaluation of Antenatal Class Implementation

The antenatal class implementation system did not follow the Ministry of Health of the Republic of Indonesia's criteria for establishing classes for pregnant women. The implementation of health programs, especially prenatal classes, requires a practice-based approach that includes consideration the cultural background and local environment so that the program's implementation team may maximize their function in the system[12].

Most pregnant parents want information that is current, accurate, and dependable, as well as information from people they can trust and find at any time. They also talked about the discrepancy between prenatal and postnatal data[13]. Pregnant women's awareness of parental ready is significantly influenced by antenatal education through flashcard media. It is hoped that health practitioners would be able to give antenatal education in antenatal classes using a variety of media and approaches. In addition, antenatal sessions must include a more focused curriculum on parenting readiness[9].

Taking part in a group-based preventive group of parents may make it easier for new parents to adjust to parenthood by increasing Confidence in parenting, expertise, bonding attachment, parental health, and reducing baby behavioral issues are all factors to consider. Studies in industrialized nations have demonstrated that feeling in control of the pregnancy and birth process has a favorable impact on pregnancy and birth outcomes; developing a birth plan has been shown to assist this feeling of self-control and autonomy[14].

The presence of a new antenatal class model has made a significant contribution to this issue. Antenatal education has been incorporated into Indonesia's "Program Kelas Ibu Hamil," however birth planning and parental readiness have not integrated in antenatal classes program.

3.2 Integrating Birth Plan in Antenatal Class

All new parents ought to have a plan in place for having given birth and negotiating with unpredicted negative consequences such as health problems or emergencies which may emerge during pregnancy, labor, or the postnatal period, which they should discuss and evaluate with their health care professional during their antenatal evaluation or during antenatal classes. Expectant parents should develop this vital document to help them be sufficiently prepared for childbirth by establishing preparations for how to respond if issues or unexpected adverse outcomes occur to the woman and/or the baby at any time throughout pregnancy, labor, or the postpartum period[15].

Childbirth is a biological process for the average woman, and it is a procedure that, like other life circumstances, is regarded with a mixture of anxiety and anticipation. Studies in developed countries have demonstrated that experiencing in charge of the pregnancy and birth process has a favourable effect on pregnancy and birth outcomes; creating a birth plan has been shown to assist this feeling of self-control and independence[15].

No country has ever brought its maternal death rate below 100 per 100 000 live births without guaranteeing that all women are attended by suitably qualified health professionals during labor, delivery, and the postpartum period immediately following, according to historical evidence. There were numerous difficulties that resulted in maternal death and morbidity. One of the greatest challenges to reducing maternal mortality and morbidity has been found to be a delay in responding to the start of these issues. During pregnancy, preparing for maternity is defined as a phased series of interactive, aware, and active engagement that supports the transition to motherhood and is influenced by social, historical,

and cultural contexts. Incorporation of a birth plan and parental preparedness will benefit with all this. This understanding would considerably improve prospective parents' ability to stay healthy, take proper precautions to ensure a safe birth, and seek prompt professional treatment in the event of an emergency[16].

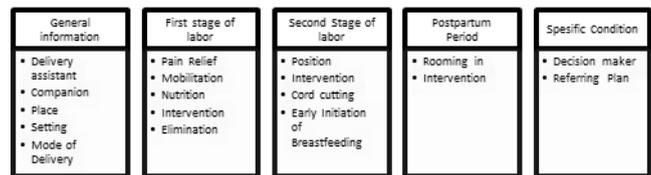


Figure 1. Framework of Birth Plan Modified from Hollins Martin, C. J. (2008)

Women depend on the expertise of trusted healthcare professionals, such as midwives and obstetricians, to make birth-related decisions throughout the design stage, according to the findings of this study. While establishing a birth plan is advantageous, the results clearly show that it is not essential for participation. Women who had a flexible birth plan felt like they had more flexibility during the procedure. According to the Women require firsthand knowledge about their childbirth alternatives, and one source of the story is the woman's care giver, according to the Wittmann-Price (2004, 2006) model of women's health making decision (s). The importance of a dynamic environment is also highlighted in this perspective. Women who felt a loss of control during the birth experience were not adequately assisted in restructuring their birth plan, in partially due to developed health routines that were out of the woman's control[17].

3.2.1 General Information

Jennifer2008's birth plan was created using a typical birth work sheet. It was translated and introduced to pregnant women in the intervention group in order for them to choose and create their birth plans in the antenatal clinic, which included women's preferences such as delivery attendants. Women may choose between a doctor, a midwife, a nurse, or a doula ; companion during labor; place and setting; mode of delivery[18].

The current study found that birth plan trained companionship used a variety of techniques to dramatically reduce mother labor pain and increase labor outcome and satisfaction with labor experiences[18]. El-Nemer also found that mothers' embodied knowledge (companion) as a first educator and a reliable source of information from a basic source of knowledge can support and help women during labor[18].

3.2.2 First and Second Stage Labor

A birth plan should include a woman's preferences for clothing, birth attendants, method of delivery, method of initiating labor, care giver, and pain relief measures, as well as routine procedures, fetal surveillance, nourishment, water intake, personal hygiene, and mobility during the first stage, and care during the second stage, which included a woman's priorities for clothes and shoes, caregivers, method of delivery, method of initiating labor, care giver, and pain relief measures, as well as routine procedures, fetal surveillance, nourishment (type of pushing, position of delivery, and perineal condition). Post-delivery service involves suction, essential baby care, the first person to hold and clothing the newborn, the orolacteal feeding, and hospital discharge[18].

3.2.3 Postpartum Period

Lactation that begins within hours of birth may have significant implications for the newborn's health and development. Nursing within an hour after delivery is linked to more successful and longer breastfeeding, as well as exclusive breastfeeding. Within hours of giving birth, the mother also reaps the benefits of breastfeeding. There's also a link between early breastfeeding cessation and postpartum depression among moms, according to research. Breastfeeding starts early, which speeds up mother-infant interactions, which are critical for the early formation of a strong and healthy relationship between mother and child[19].

3.2.4 Specific Condition

Midwives must study and understand women's experiences and wishes in regard to giving birth in order to optimize their experiences. Since appropriate expectations are fostered and expectantly filled, thorough preparation boosts confidence. Participating in decision-making is an important aspect of birth satisfaction, and the term is linked to a sense of emotional control. Preparation influences the length of labor, with prenatal confidence and control influencing postpartum adjustment[3].

4. CONCLUSION

Integrating birth plan and parenthood readiness will contribute to reduce maternal mortality and morbidity. This knowledge would considerably improve prospective parents' ability to stay healthy, take proper precautions to ensure a safe birth, and seek prompt professional treatment in the event of an emergency. Studies in industrialized nations have found that feeling in control of the pregnancy and birth process has a favorable impact on pregnancy and birth outcomes. It has been shown that making a birth plan can help with perceptions of self and independence.

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